



# Fasig-Tipton

## CREDIT APPLICATION

**PLEASE COMPLETE ENTIRE FORM AND REMIT TO:**

**FASIG-TIPTON COMPANY, INC.  
PO BOX 13610  
LEXINGTON KY 40583-3610  
(859) 255-1555 FAX (859) 254-0794**

SALE: \_\_\_\_\_ DATE: \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

PURCHASES WILL BE IN THE NAME OF: \_\_\_\_\_

PERSON RESPONSIBLE FOR ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUS \_\_\_\_\_

MOBILE TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

### **ACCOUNT/CREDIT INFORMATION TO BE OBTAINED BY APPLICANT FROM FINANCIAL INSTITUTION**

In order for Fasig-Tipton Company, Inc. to process this credit application, certain account and credit information must be supplied by your financial institution - Bank, Credit Union, or Broker. Information required includes type of account, average balance during the past two years, officer's name and title, name and address of the institution, and the institution's telephone number. Page two of this form may be used by the financial institution to supply the required information.

By signing this form, applicant authorizes Fasig-Tipton Company, Inc. to perform a credit investigation. Please notify your financial institution that Fasig-Tipton will be contacting them about your request for credit.

**SIGNATURE** \_\_\_\_\_



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## CREDIT APPLICATION FINANCIAL INSTITUTION INFORMATION

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**FASIG-TIPTON COMPANY, INC.  
PO BOX 13610  
LEXINGTON KY 40583-3610  
(859) 255-1555 FAX (859) 254-0794**

NAME OF BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BANK TELEPHONE NUMBER: \_\_\_\_\_

BANK FAX NUMBER: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

CUSTOMER'S NAME IF DIFFERENT: \_\_\_\_\_

Type of Account(s) (DDA, Savings, CD, etc) \_\_\_\_\_

This account has been in existence since \_\_\_\_\_

The average balance for the last two years is in the range of \_\_\_\_\_

Have there been overdrafts in this account in the last two years? \_\_\_\_\_

Are there lines of credit established for this customer? \_\_\_\_\_

Have payments been made as agreed? \_\_\_\_\_

Is there an available line of credit specifically for the purchase of horses? \_\_\_\_\_

Amount: \_\_\_\_\_

Any other information which may help in consideration of this Credit Application:

\_\_\_\_\_  
\_\_\_\_\_

**Bank Officer's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Bank Officer's Signature:** \_\_\_\_\_