

Cape Thoroughbred Sales

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CAPE PREMIER YEARLING SALE › 2017

Buyer's Card/Purchase Facility Application

Full names and Surname of Applicant: _____

ID /Passport No: _____

Physical Address: _____

_____ Postal Code: _____

Postal Address: _____

_____ Postal Code: _____

Tel Number: _____ Mobile: _____

Fax Number: _____ E-Mail: _____

Purchase Facility Requested (ZAR): R _____

ALL HORSES WILL BE INSURED FOR A PERIOD NOT LESS THAN THAT OF THE PAYMENT TERMS APPLICABLE TO THE SALE.

The Applicant, by signing this application, acknowledges and accepts that he/she is bound by and has read the 'Conditions of Sale' of Cape Thoroughbred Sales (Pty) Ltd ("CTS").

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY:

Payment Terms Agreed: _____ Buyers Card No: _____

**NOTE: THIS IS NOT AN APPLICATION FOR CREDIT
AS ENVISAGED BY THE NATIONAL CREDIT ACT 34 OF 2005**