

Cape Thoroughbred Sales

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CTS READY TO RUN SALE › 2017

Buyer's Card/Purchase Facility Application

Surname: _____

First Name/s: _____

ID /Passport No: _____ VAT No: _____

Physical Address: _____

Postal Code: _____

Postal Address: _____

Postal Code: _____

Tel Number: _____ Mobile: _____

Fax Number: _____

E-Mail: _____

Bank Name: _____ Branch: _____

Account Name: _____ Acc No: _____

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: _____ 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**