

Buyer Credit Request

2007 WTBA Winter Mixed Sale

Complete this form to request credit:

Complete this form and return form to the WTBA no later than Wednesday, November 28, 2007.

Purchases will be made in the name of _____

Name of responsible party (if other than above) _____

Billing Address:

Method of Payment:

- Personal Check Wire Transfer
 Company Check Travellers Check
 Cashiers Check

SSN _____ Driver's License No. _____

Issuer _____ or Passport No. _____

Telephones:

Home _____ Fax _____

Office _____ E-mail _____

Cellular _____

Expected Amount of Purchases \$ _____

Payment is due 15 days after the last day of the sale. The financial institution that you list on the following page will be contacted concerning your request for credit. Please advise them.

Financial Information

Name of Institution _____

Address _____

Telephone No. _____ Fax Number _____

Account No. _____

Officer to be Contacted _____

By signing this form the applicant and/or responsible party authorized the WTBA to perform a credit investigation and if the applicant is not an individual, the undersigned individual agrees to be personally responsible to the WTBA for payment of the applicant's account pursuant to the Conditions of Sale.

Signature of Applicant/Responsible Party