OAKLANDS 285 Oaklands Road Oaklands Junetion VIC All correspondence to: PO Box 1165 Tullamarine 3043 T +61 3 9333 1422 | F +61 3 9333 1690



NEWMARKET
Young Street, Randwick NSW
All correspondence to:
PO Box 477 Randwick 23
T +61 2 9399 7999 | F +61 2 9398 5547

WILLIAM INGLIS & SON LIMITED

A.B.N. 75 000 011 307

Acknowledgement of Purchase

Acknowledgement of rateriase
7/2/16 230
Date:
I hereby acknowledge purchase of Lot:
Purchase price:
and acknowledge that I have read and am familiar with the "Conditions of Sale" governing this sale as printed in the sale catalogue, that I am bound by the terms thereof and that, notwithstanding the party named as purchaser, I am liable as principal.
BUYER CODE:
PURCHASER: DYNAMIC
ADDRESS: DENJARASERRITIS LOOPSTICK
- FBAN
PHONE (MOBILE): CAT WATER HOUSE
PHONE (BUSINESS): ()
PHONE (BUSINESS).
NOT APPLICABLE TO BROODMARES. BLOOD TEST: YES, I do or NO, I do not require a blood sample to be taken from the lot and tested for anabolic androgenic steriods, by the appropriate body approved by the relevant principle racing authority. NOT APPLICABLE TO BROODMARES. RACE SERIES: YES, I do or NO, I do not require
RACE SERIES: YES, I do or NO, I do not require my yearling to be nominated for the Inglis Race Series. APPLICABLE TO YEARLINGS ONLY.
IS THE HORSE BEING EXPORTED YES NO
INSURANCE: YES, i do or NO, I do not require William Inglis & Son to organise Fall of the Hammer Mortality Insurance Cover at a competative rate.
IMPORTANT: If insurance cover is required please proceed to the sales day office immediately to complete an insurance proposal form prior to making delivery arrangements.
NOTE: I acknowledge that if William Inglis & Son Ltd arranges scoping, blood testing and/or insurance for me, they shall be acting only as my agent, and shall not be responsible to me for any deficencies therein.
SIGNATURE:
Please finalise payment, insurance and delivery arrangements immediately