

Complete this form to register to bid:		
SSN	or Int'l Drivers No	
	Office Telephone	
÷	Fax	
Email address		
I want to contribute to NTRA (.25%) Yes	No	
Expected Amount of Purchases \$	Method of Payment Personal Check Wire Transfer Company Check Travelers Checks Cashiers Check	
This section to be completed if you wish to be in	voiced for your purchases.	
Financial Information Name of Institution	w will be contacted concerning your request for credit. Please advise them.	
elephone NoFax Number		
Account No.		
Officer to be Contacted		
applicant is not an individual, the undersigned individual	uthorizes Keeneland Association, Inc. to perform a credit investigation and if the agrees to be personally responsible to Keeneland for payment of the applicant's acing this form, applicant and responsible party agree to comply with and abide by all sees of Keeneland.	
any purchases hereunder; (b) I have received a copy of an incorporated by reference herein; (c) I consent to the procprocessing of my personal data pursuant to this agreement	and is the data controller and data processor for any processing related to ad have read and agree to Keeneland's Privacy Policy, the terms thereof being tessing of my personal data as an essential part of this agreement; and (d) any not is necessary for the performance of the contract between Keeneland and me and, ssing my data in the course of fulfilling its obligations hereunder.	
Keeneland makes every effort to safeguard all personal da	ata. However, the undersigned understands there are inherent risks associated with	

Keeneland makes every effort to safeguard all personal data. However, the undersigned understands there are inherent risks associated with the transfer of personal data to Keeneland, including, without limitation, the risk of inadvertent or unauthorized use or disclosure or the risk of a security breach. By signing below, the undersigned, after careful consideration of these risks, hereby expressly and voluntarily consents to the transfer and processing of his, her or its personal data on the terms and subject to the conditions set forth herein. The undersigned understands and acknowledges that the undersigned has the right to withdraw this consent at any time by emailing privacy@keeneland.com, and such withdrawal of consent will be effective immediately upon receipt by Keeneland.

Signature of Applicant/Responsible Party _		
Print Name of Applicant/Responsible Party	,	