



NEW ZEALAND  
BLOODSTOCK®

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# Account Application

Complete the following and return via:  
email [reception@nzb.co.nz](mailto:reception@nzb.co.nz) or fax +64 9 298 0506

**For more information visit [www.nzbstandardbred.co.nz](http://www.nzbstandardbred.co.nz)**

TITLE (e.g. Miss, Ms, Mrs, Mr, Dr)	FIRST NAME	MIDDLE NAME
SURNAME	OCCUPATION	DATE OF BIRTH
COMPANY NAME		
GST #	COMPANY #	
RESIDENTIAL ADDRESS OR REGISTERED OFFICE ADDRESS IF A COMPANY		
POSTAL ADDRESS		
HOME TEL	BUSINESS TEL	MOBILE
EMAIL		FAX #
TICK THE BOXES THAT DESCRIBE YOU BEST ...		
<input type="checkbox"/> OWNER	<input type="checkbox"/> BREEDER	<input type="checkbox"/> TRAINER
<input type="checkbox"/> DRIVER	<input type="checkbox"/> AGENT	<input type="checkbox"/> OTHER _____
I WOULD LIKE TO RECEIVE THE FOLLOWING CATALOGUES (TICK THE BOXES) ...		
<input type="checkbox"/> YEARLING SALES	<input type="checkbox"/> WEANLING & ALL AGE SALES	<input type="checkbox"/> TWO-YEAR-OLD SALES
<input type="checkbox"/> TICK HERE TO OPT OUT OF RECEIVING NZB NEWS UPDATES VIA EMAIL, POST & SMS		
SIGNED		DATE