Purse Authorization

Note: Before your check can be released, you must complete and sign the following form along with IRS Form W-9 or Form W-8ECI (if non-U.S. resident). Failure to provide a valid U.S. tax ID number may result in an IRS penalty.

ATTN: Accounts Payable
PO Box 5013
Monticello, NY 12701
845-428-7200 Ext. 1015
FAX – 845-428-7299

USTA # | First Name & Middle Initial | Last Name or Company Name

Stable USTA # | Stable Name (if used)

Street Address | City | State | Zip Code + 4

U.S. Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐ or **U.S. Employer ID Number:** ☐☐ - ☐☐☐☐☐☐☐

Select one payment option:

❑ Mail checks to the above address

❑ Checks will be picked up by myself or:
(If other than owner, this form must be notarized)

Contact Information:

Main phone number

Alternate phone number

E-mail address

Check all that apply: ❑ Owner ❑ Trainer ❑ Driver

Additional owners:

Signature | Date