ALLIANCE
BLOODSTOCK

1510 Newtown Pike
Suite 210
Lexington, KY 40511
717-638-7100 Ext 2
office@alliancebloodstock.com
www.alliancebloodstock.com

Dear Client,

Please indicate how you would like to receive your sale proceeds:

☐ Check ☐ Wire

Recipient Information:

Name:_____

Address:_____

Receiving Bank Information (Wire Only):

Bank Name: _____

Bank Address: _____

Bank Routing: _____

Client Account:_____

Sincerely,

The Alliance Bloodstock Team