



301 Washington Street  
Plainville, MA 02762

**PURSE AUTHORIZATION FORM-OWNER, TRAINER OR DRIVER**

Account Name: \_\_\_\_\_

(List all Owners) \_\_\_\_\_

\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ U.S.T.A #: \_\_\_\_\_

U.S. Social Security or TIN number: \_\_\_\_\_

Name of horse racing under this ownership: \_\_\_\_\_

*Please circle one:      Mail Checks      Direct Deposit*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please complete this form and W-9 and return to Christine Lynch.*

*Christine.Lynch@pngaming.com  
(508)576-4478 – (508)643-4487 (fax)*

**Note:** **NO CHECKS** will be issued without a completed Purse Authorization and W-9.

*Thank you.*