



**Willow Bank Yacht Club**

27 Forman Street, P.O. Box 321  
Cazenovia, NY 13035  
www.willowbankyc.com

**APPLICATION FOR WILLOW BANK YACHT CLUB GAS ACCOUNT**

Name (Last, First, MI): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Local Address (If Different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address: \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_

**Employment**

Employer: \_\_\_\_\_ Business Type: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name to Verify Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

**Spouse and/or others allowed to charge to this account:**

Name (Last, First, MI): \_\_\_\_\_ Age: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ Age: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_ Age: \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I agree to comply with Willow Bank Yacht Club's payment terms, which are 30 (thirty) days after invoice date and to pay a finance charge of 1.5% per month for any overdue amounts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete and return to:  
PO Box 321, Cazenovia, NY 13035  
alixshaw@willowbankyc.com  
Fax: 315-655-2435