

WINDING BROOK INDOOR SHOOTING RANGE LLC.

WBISR.COM

DATE: _____	
FIRST NAME: _____	M.I. _____ LAST: _____
BUSINESS/ORGANIZATION NAME): _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
BUSINESS PHONE: _____	ALTERNATE PHONE: _____
E-MAIL _____	
I HEREBY CERRIFY THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT. I AGREE THAT ALL PARTIES NAMED HERIN SHALL AGREE TO ABIDE BY THE RULES OF WINDING BROOK INDOOR SHOOTING RANGE	
_____	_____
APPLICANT SIGNATURE	DATE

\_\_\_\_\_ **\$450.00 Corporate Membership:** Corporate members enjoy all the benefits of regular members. One 'Member Card' issued per paid membership plan. Up to a maximum of (2) lanes on the range (with 2 shooters per lane) at a time. Your business will supply a list of your employees authorized to use the range membership to the WBISR Membership Coordinator. **Membership terms are for 12 months and no refunds shall be issued in the event of early membership termination.**

MEMBERSHIP PAYMENT INFORMATION:

**CREDIT CARDS**

*(STANDARD CREDIT CARDS ONLY. NO PREPAID CARDS MAY BE USED FOR ONGOING PAYMENTS)*

**NAME AS IT APPEARS ON CARD:** \_\_\_\_\_

**CARD TYPE:** AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**CVVS:** \_\_\_\_\_

ACKNOWLEDGE AND RELEASE:

THE UNDERSIGNED DECLARES THAT THE STATEMENTS MADE HEREIN ARE FOR THE EXPRESS PURPOSE OF OBTAINING ANY OF THE FOLLOWING: EFT, CREDIT CARD, MERCHANT ACCOUNT, GATEWAY SET-UP AND GETTING SETUP WITH FINANCIAL PROCESSING COMPANIES, AND ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. THE APPLICANT EXPRESSLY GRANTS PERMISSION FOR ALLIANCE PAYMENT TECHNOLOGIES INC AND E-ONLINE DATA TO OBTAIN INFORMATION REGARDING THE PERSONAL AND BUSINESS HISTORIES REFERENCED IN THIS APPLICATION WHICH INCLUDES BUT IS NOT LIMITED TO PERSONAL AND BUSINESS CREDIT HISTORIES AND PUBLIC RECORDS SEARCHES CRIMAL RECORD SEARCHES, BANK AND TRADE VERIFICATIONS, AND OTHER RISK ANALYSIS AS DEEMED NECESSARY. THE APPLICANT UNDERSTANDS THAT ADDITIONAL INFORMATION MAY BE REQUIRED CONSIDERATION CAN BE GIVEN TO THIS APPLICATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

**AUTHORIZED USERS OF MEMBERSHIP**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_