

Yacht Credit Application

Name of Yacht _____

Name of Captain _____

Home Port _____

Year Built _____

Where Built _____

IMO # (If Applicable) _____

Flag _____

Private or Commercial Registration _____

LOA _____

GRT _____

Draught _____

Beam _____

Fuel Capacity _____

Satcom Tel _____

Satcom Fax _____

Email _____

GSM Tel _____

GSM Fax _____

Name of Registered Owners _____

Full Billing Address _____

Contact Name _____

Office Tel _____

Office Fax _____

Office Email _____

This form should be emailed to YachtFuel@wfscorp.com or faxed to +44 207 808 5088