BOAT WORK ORDER

Date Written _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Secondary #_____

Email Address _____

Boat Info

Year: _____ MC #: _____ Hull ID: _____

Make: _____ Model: _____

Motor: _____ Model #: _____ Serial #: _____

DESCRIPTION OF PROBLEM OCCURING (MUST DESCRIBE PROBLEM FOR REPAIRS TO BE STARTED):

_____

_____

_____

_____

_____

_____

_____

_____

_____

I acknowledge that Advantage Marine Repair assumes no responsibility for any lost, stolen, or damaged item while my unit is here for repairs, drop off, or pickup.

I agree to pick up boat within 48 HOURS of completion of repairs or incur a fee of $25.00 per day (UNLESS PRE-ARRANGED)

I approve any repairs or costs with a total cost under $ _____

If NO cost is written, your signature is approving $345 for diagnostics.

Advantage Marine Repair also requires PAYMENT IN FULL at time of pickup.

** CREDIT CARD PAYMENT INCURS A 3.5% PROCESSING FEE ** PLEASE LEAVE KEYS IN BOAT!

SIGNATURE _____ DATE _____