



# SERVICE REQUEST

Phone: 705-549-2004

E-mail: service@hindsonmarina.com

REPAIR ORDER NO.: \_\_\_\_\_

## CUSTOMER INFORMATION

Customer Name: \_\_\_\_\_ Slip Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## VESSEL INFORMATION

Vessel Make/Model: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

Vessel Year: \_\_\_\_\_ Key Location: \_\_\_\_\_

Engine(s): \_\_\_\_\_ Next Planned Use of Vessel: \_\_\_\_\_

**\*\*\* WE USE OEM PARTS WHENEVER POSSIBLE \*\*\***

## SERVICE REQUEST DETAILS / DESCRIPTION OF COMPLAINT:

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METHOD OF PAYMENT: (Fill in)	VISA	MASTERCARD
_____	/	_____
CARD NUMBER:	EXPIRY:	CVC:

### TERMS:

I hereby authorize work to be completed with necessary materials. An express mechanics lien is hereby acknowledged to secure the amount of repairs. Parts are retained until bill is paid or otherwise requested. Payment will be processed through credit card unless specified at time of service request.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For Office Use Only: \_\_\_\_\_ Staff Member Taking Request \_\_\_\_\_