TULLESON BOATWORKS LLC

Quality Boat Repair, Restoration & Maintenance

~Order Form~
2026 Season

OFFICE USE ONLY: INV #____

Contractor:	**Client, Vessel Name & Location:**
Tulleson Boatworks, LLC **10 Wildwood Terrace** **Glen Ridge, NJ 07028** **(the "Contractor")**	**(the "Vessel" or the "Client")**
Contact Person: Matt Tulleson, Owner	**Boat Representative:**
Mobile: (201) 245-9837 **Email: matt@tullesonboatworks.com**	**Phone:** **Email:**

Client shall make an initial deposit of $_____. Client will be billed on the basis of hourly rates multiplied by the number of hours worked on your project. My current hourly rate is $180.00 per hour for all labor, except head/toilet system work which is $200.00 per hour. Time spent traveling to and from the work site is included in billable time. Invoices will be sent to Client _____ (if blank, weekly) and are due within seven days.

Hourly billing will be in 15-minute units (four to the hour) for time spent on the Project. These rates do not include any amounts that may be added to a particular invoice for materials, disbursements and charges. Such disbursements and charges may include, but are not limited to shipping costs, tolls and invoices from third-party vendors. Time, material and labor required to perform the project are estimates only and are subject to variances.

~Scope of Work~

If description of work does not fit in this space, please see additional page(s).

(the "Services").

I hereby authorize the Services to be performed with necessary materials and hereby grant you and/or your employees permission to operate the Vessel on local waterways or elsewhere for the purpose of testing and/or repairs. I hereby acknowledge that all Parts purchased and Services provided are subject to the Tulleson Boatworks Terms of Service (available at www.tullesonboatworks.com) a copy of which has been provided separately, or if not provided, will be provided at the request of Client. I authorize Tulleson Boatworks to charge my credit/debit card as payment for Parts and Services.

Credit Card#				Expiration:	
CVV Code:		Billing zip code:			
Check one:	Visa ☐	M/C ☐	Amex ☐	Discover ☐	

Signature:_____ Date: _____