ABCMS SERVICE REQUEST FORM

1. **Email** *

_____

2. **Boat HIN** *

_____

3. **Boat Make, Model, year, Engine (s)** *

_____

4. *CUSTOMER NAME* *

_____

5. *PHONE NUMBER* *

    _____

6. *EMAIL ADDRESS* *

    _____

7. *CUSTOMER BILLING ADDRESS* *

    _____

    _____

    _____

    _____

8. *BOAT LOCATION* *

    _____

    _____

    _____

    _____

9. *SERVICE(S) REQUESTED* *

    _____

    _____

    _____

    _____

10. **I hereby authorize A Better Choice Marine Service LLC (ABC Marine)and it's** *

employees and representatives, to perform necessary repairs on my vessel/motor(s)/trailer. I also authorize ABC Marine and its employees and representatives, to operate my vessel/motor(s)/trailer in order to diagnose, confirm repairs or transport. I understand that as the owner or authorized representative/user of this vessel, I am responsible for keeping and maintaining insurance and up to date registration on my vessel/motor(s)/trailer. ABC Marine and its employees and representatives are in no way liable for damages, injuries, death, citations or fines as a result of faulty systems (trailer lights/wiring, faulty trailer bearings, vessel navigation lights or other safety systems that are inadequate or inoperable, etc). I understand that I am responsible for any haul out or vendors fees at the marina/storage facility that my vessel is stored at (As applicable). I understand that ABC Marine offers up to a 90 day warranty (dependent on repairs) on labor and craftsmanship, meaning that if the components or systems installed or repaired fail due to improper installation, wiring, or assembly, ABC Marine will diagnose and repair necessary components with no labor cost billed. I understand that Payment for any and all service is due upon completion.

Check all that apply.

☐ I AGREE

11. *SIGNATURE* *

_____

12. *TODAYS DATE* *

_____

Example: January 7, 2019