

BOATYARD SERVICE PAYMENT AUTHORIZATION

Vessel Name: _____ Length Overall (including overhangs): _____ ft
Owners Name: _____ Captain's Name: _____
Haul Date: ____/____/____ Launch Date: ____/____/____ Number of days: _____
Day Month Year Day Month Year
Haul & Launch: \$ _____ Storage/Service: \$ _____ Dry Sail: \$ _____
(Electric and/or Water charges are billed separately)

METHOD OF PAYMENT (Check Applicable) :

CASH CREDIT CARD CHECK

IF CREDIT CARD (Check Applicable): VISA MASTERCARD AMERICAN EXPRESS

Card #: _____ - _____ - _____ Expiry: ____/____/____ CVV: _____
MONTH / YEAR

Name on Card: _____ Billing Address: _____
City: _____ State: _____ ZIP: _____

I hereby authorize payment of \$ _____ (_____) USD for Haul, Chock, Launch
(Amount in words)

And \$ _____ (_____) USD for Storage/Service/Dry Sail Program
(Amount in words)

PLEASE NOTE: Full payment is required to hold your reservation and is non-refundable in the event of early launch or cancellation unless 30 days advance notice (in writing) is received and confirmed by our office.

OFFICE USE

Reservation Made By: _____ on ____/____/____ Accounting By: _____ on ____/____/____