

MARINE DOCUMENTATIONS
CALL (757)722-3240 or FAX 877-788-0669
EMAIL: RACHEL@CGDOCUMENT.COM
DOCUMENTATION WORKSHEET

PURCHASER NAME(S)

U.S. CITIZEN _____

INDIVIDUAL _____

SSN WILL CALL TO OBTAIN _____

SPOUSE OR JOINT OWNER _____

SSN WILL CALL TO OBTAIN _____

ADDRESS _____

CORP _____ LLC _____ TRUST _____

NAME OF ENTITY _____

ADDRESS: _____

MEMBER MANAGED _____ or MANAGER MANAGED _____

OFFICER: _____ TITLE: _____

OFFICER: _____ TITLE: _____

OFFICER: _____ TITLE: _____

OFFICER: _____ TITLE: _____

TAX I.D. #: _____

STATE OF INCORPORATION _____ QUORUM _____

TELEPHONE NUMBER(S)

WORK _____ CELL _____

EMAIL _____

VESSEL DESCRIPTION

INTENDED USE _____

BUILDER _____ YEAR _____

HULL # _____

STATE REG. NO _____ TITLED STATE _____

OFFICIAL (DOCUMENTATION) NO _____

VESSEL NAME: CURRENT _____

NEW NAME (IF DESIRED) _____

HAILING PORT (CITY AND STATE **TO BE MARKED ON THE**

TRANSOM): _____

SELLER NAME(S)

SELLER(S) _____

ADDRESS _____

PHONE NO. _____ CELL _____

FAX NO. _____

EMAIL: _____

CURRENT LIENHOLDER _____

ACCT NO. _____

PHONE NO _____

FAX NO. _____

BROKER

SELLING BROKER _____

ADDRESS: _____

CONTACT _____

PHONE NO. _____

CELL NO. _____ FAX _____

LISTING BROKER _____

CONTACT _____

PHONE NO _____ FAX NO. _____

BANK INFORMATION (PURCHASER)

LENDER _____

ADDRESS (PHYSICAL) _____

MORTGAGE ADDRESS: _____

CONTACT _____

PHONE NO. _____

EMAIL: _____

CLOSING DATE: _____

*PLEASE NOTE THIS IS A GENERAL WORKSHEET, PLEASE ONLY FILL OUT
THE FIELDS THAT APPLY TO YOU *