SERVICE REQUEST

HINDSON MARINA INC.
Penetanguishene, Ontario

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:

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 _____

Submit