

Service Authorization Form

Customer Name	Ticket #		
Street Address			
City, State and Zip			
Daytime Phone	Evening Phone		
Email Address			
Boat Information:			
Make	Model	Year	
Boat Name	Gen Make, Model and Seri	al Number	
Engine(s) Make, Model and Serial Number			
Boat Location	Slip #	Key Location	
Payment Method:			
Cash Check (please enclose) Check	eck #		
Credit Card: Visa MasterCard	d American Express		
Account #		Exp. Date	Sec Code
Name & Address on Card			
ADDITIONAL SERV	PLEASE INCLUDE A LIST OF DESIRED VICES CAN BE ADDED BY CALLING () SERVICES WITH THIS FORM. 410) 827-6400 AT A LATER DAT	TE IF DESIRED.
1. Seven Seas Yacht Services is authori	zed to perform work, including labo	r, parts and materials for the price	s in cash or credit card to be issued
to Seven Seas Yacht Services.2. If I fail to pay for the above complete	ed work. I understand Seven Seas Yac	ht Services will have a mechanic's	lien upon the vessel to secure pay
ment for the work and I expressly waiv			
3. If collection is made by a suit or any	other method required, I agree to p	ay interest until paid in full, inclu	ding collection and reasonable at
torney fees. 4. I agree not to hold Seven Seas Yacht!	Services liable for loss or damage to r	eal or personal property caused by	theft, fire or any other cause while
boat and/or trailer is in for repairs, stor	_	, ,	,
5. Seven Seas Yacht Services' employe	, ,	boat, motor(s) and/or trailer and	d my motor vehicle for purposes of
testing, inspection, or delivery at my ri 6. Seven Seas Yacht Services reserves t		currently available	
7. Storage charges will be added to all		•	ervice.
8. All parts removed will be discarded	,	•	
SAVE PARTS			
Authorized by			Date