DM#	Cust#:		Date Received: _			<b>Marine Service Center</b>		
Name:		Boat Nam	ne:		Lake Powell Resorts & Marina - P.O. Box 1597			
Mailing Address:						Page, AZ 86040		
City:		State:	Zip:			Phone: (928) 645-1071		
Phone Numbers:						Fax: (928) 645-1169		
Nork:	Home/Cell:		Fax:			(1 2)		
	METHOD OF PAYMENT ( not be started until a credit card OUR PROTECTION CREDIT C	d number and an authori	zing signature are provide	ed.				
Credit Card # (AMEX/DIS	SC/MC/VISA):			E	Exp Date:	CVV#:		
_ocation:		Buoy #:	Slip #:	Dry Sto	orage #:			
Make of Boat:		Description:			Length:	Year Manufactured:		
Type of Motor(s) Outboard	Make of MotorMercury	Johnson/Evinru	ıdeOther	Single	Twin	Horse Power		
Stern Drive	MerCruiser	OMCVol	voOther	Single	Twin	Horse Power		
Other								
_ocation of Keys:						Date(s) Boat will be available:		
_	We CA	NNOT work on your l	boat without the keys					
Please describe in d	etail services being req	uested. Include ac	dditional pages as r	needed.				
	as indicated above to be done alon testing and/or inspection. An exp					on to operate the boat herein described on wa		
	NTY is given on all work performe ormed has been altered or tamper				<u>us</u> in cases w	here a warranty claim is submitted. This war		
We are not responsible for lo	ss or damage to boats, motors or	articles left in boats in cas	e of fire, theft, accident, inc	lement weather or a	any other caus	e beyond our control.		

Authorizing Signature:		

Year
Year
terways or
lerways or
anty is VOID