



**CAPTAIN'S  
ORDERS INC.**

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2058 Joliet Rd. Valparaiso, IN 46385

Customer Information	
Boat Owner's Name	
Home Address	
City State Zip	
Day Phone	
Evening Phone	
PLEASE Complete If Boat Is Owned In PARTNERSHIP Name Address City State Zip & Phone	
MasterCard or Visa?	
Credit Card Number	
Credit Card Expiration Date	
(last 3 digits on back) V-Code	
Boat Information	
Boat Make	
Boat Model	
Boat Year	
Boat Name	
Launch Date/Haul Date Location/Marina	
Will We Need Keys? If So Where Are They?	
(Check all that apply) Sign Me Up For The Following	
SHRINKWRAP <input type="checkbox"/>	WINTERIZE ENGINE(S) <input type="checkbox"/>
VENTS? (HOW MANY?) <input type="checkbox"/> DOOR? <input type="checkbox"/>	WINTERIZE GENERATOR <input type="checkbox"/>
STORE BOAT FROM OCT. '09 THROUGH APRIL '10 CIRCLE ONE <i>INSIDE HEATED</i> <i>INSIDE COLD</i> <i>OUTSIDE</i> <input type="checkbox"/>	WINTERIZE (CIRCLE ALL THAT APPLY) A/C(S) HEAD(S) WATER SYS. <input type="checkbox"/>
DISCONNECT BATTERIES ONLY <small>N/C</small> <input type="checkbox"/>	CHANGE OIL & FILTERS <input type="checkbox"/>
REMOVE BATTERY(IES) FOR CUSTOMER P/U CHARGES APPLY <input type="checkbox"/>	DRIVE SERVICE REMOVE STER DRIVE, DRAIN/CHANGE LUBE, INSPECT SPLINE & COUPLING, GREASE UNIVERSALS, INPUT SPLINE, PROP SHAFT, STEERING LINK PIVOTS, ALIGN SHAFT, INSPECT BELLOWS FOR DETERIORATION, REASSEMBLE DRIVE <input type="checkbox"/>
BATTERY SERVICE - REMOVE & STORE. LOAD TEST, SERVICE CELLS, TRICKLE CHARGE OVER WINTER. TOP CHARGE IN SPRING (REINSTALL NOT INCLUDED) <input type="checkbox"/>	PONTOON BLOWOUT! WINTERIZE OUTBOARD, DRAIN/CHANGE LUBE, SHRINKWRAP & STORE FROM OCT. '09 TO APRL '10 <input type="checkbox"/>
PRESSURE WASH BOTTOM <input type="checkbox"/>	HAUL FROM RAMP TO CAP ORD <input type="checkbox"/>
ACID WASH DRIVES <input type="checkbox"/> ACID WASH BOTTOM <input type="checkbox"/>	SEND IN PROP FOR PROP SCAN/REPAIR <input type="checkbox"/>

\* DESCRIBE WORK NOT LISTED IN THE SPACE BELOW (use other side if needed)

*Request sheet must be signed/submitted for scheduling of work. 50% Deposit Required. PAYMENT IN FULL UPON COMPLETION OF WORK IS EXPECTED. If you need to make arrangements for PAYMENT please do so PRIOR to commencement of work. By signing, I grant Captain's Orders, Inc. permission to board my vessel in order to fulfill my request.*

X \_\_\_\_\_ TODAYS DATE \_\_\_\_\_