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**CAPTAIN'S  
 ORDERS INC.**

**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 OCTOBER THROUGH APRIL 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 <small>CHARGES APPLY</small> <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 \_\_\_\_\_