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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"/>	PRESSURE WASH BOTTOM <input type="checkbox"/>
DOOR? <input type="checkbox"/>	ACID WASH BOTTOM <input type="checkbox"/>
VENTS? <input type="checkbox"/>	ACID WASH DRIVE <input type="checkbox"/>
SAILBOAT MAST UP? <input type="checkbox"/>	TRAILER SERVICE <input type="checkbox"/>
WINTERIZE ENGINE <input type="checkbox"/>	CHANGE OIL & FILTERS <input type="checkbox"/>
WINTERIZE GENERATOR <input type="checkbox"/>	SEND IN PROP FOR PROP SCAN/REPAIR <input type="checkbox"/>
CIRCLE ALL THAT APPLY WINTERIZE A/C HEAD WATER SYS.	HAULTO/FROM CAP ORD TO RAMP <input type="checkbox"/>
CIRCLE ALL THAT APPLY OIL CHANGE GAS DIESEL GENY	PONTOON BLOWOUT (WINTERIZE OTBD, SHRNKWRP, STORE FROM OCT TO APRIL) <input type="checkbox"/>
REMOVE & STORE BATTERIES <input type="checkbox"/>	Describe miscellaneous work not listed here
DISCONNECT BATTERIES & LEAVE ON BOAT <input type="checkbox"/>	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 _____