



Customer Information

Contact Information

Name: _____
Address: _____
City/State: _____
Zip Code: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-Mail: _____
Emergency Phone#: _____

Alternate Contact

Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Billing Address

Address: _____
City/State: _____
Zip Code: _____

Boat Information

Make: _____
Model: _____
Name: _____
Color: _____
SC Registration#: _____
Length (LOA): _____
Beam: _____
Hull ID # _____

Electric Receptacle Needed (Circle) YES NO

NOTE (LOA is the longest dimension of the boat and
is to include railing, swim platforms or other appendages
off stern and bow of the boat)

Trailer Information

Make: _____
Model: _____
Color: _____
Axle (Circle One): Single Double Other
Other Info: _____

Motor Information

Make: _____
Model/HP: _____
Year: _____

Insurance Information

Company: _____
Policy Number: _____
Phone Number: _____