



Acct # _____
Space# _____

OFFSHORE MARINA, INC. | BOX 330330, LAKE POWELL, UT 84533 | 435-788-2142 PHONE | 435-788-2303 FAX

SERVICE REQUEST

On this ____ day of _____, 20____, the undersigned, as Owner, President, or Authorized Agent of the Boat described below (“Owner”), authorize Offshore Marina, Inc., a Utah Corporation (“OSM”), to perform the Services as outlined below, on the Boat.

OWNER INFORMATION:

Printed Name: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Method of payment:

Name (as it appears on the credit card): _____

Credit Card Number: _____ Credit Card Expiration Date: _____

Credit Card Security Code: _____

Credit Card Billing Address: Check Box If Same As Address Above

Address: _____

BOAT INFORMATION:

Boat Make/Model/Year (“Boat”): _____

Length: _____ Width: _____ Registration Number: _____

Boat Location: _____ Key Location: _____

SERVICES REQUESTED (collectively the “Services”):

1. _____

2. _____

3. _____

4. _____

5. _____

Signature of Owner, President, or Authorized Agent:

All amounts due OSM for services provided to Boat must be paid in full before Boat will be released from our facility.