YOUR COMPANY NAME

Address
City State Zip
Phone And Fax
Advertising Line

DATE RECEIVED	DATE PROMISED
DATE COMPLETED	
NUMBER 123456	

TANKS	BATTERIES	KEY NO.	ORDER TAKEN BY

OWNER			HOME PHONE
ADDRESS			BUS. PHONE
CITY	STATE		ZIP
MAKE	MODEL		YEAR
STATE REGISTRATION	SIZE	HULL NO.	HOURS

ENGINE MAKE	MODEL
ENGINE SIZE	TYPE (IB, OB, I-O)
SERIAL NO. ENGINE NO. 1	SERIAL NO. DRIVE NO. 1
SERIAL NO. ENGINE NO. 2	SERIAL NO. DRIVE NO.2

☐ CASH ☐ CHARGE ☐ INTERNAL

ORDER FOR NECESSARY PARTS

ALL PARTS INSTALLED ARE NEW UNLESS OTHERWISE SPECIFIED

COST	QTY.	PARTS NO. or DESCRIPTION	PRICE
		TOTAL OF PARTS FROM OTHER SIDE	
(MAY BE CONTINUED ON OTHER SIDE)		TOTAL PARTS	$

NO. WORK CODE NO.	SERVICE ORDER AND INSTRUCTIONS	LABOR CHARGE

Boat and Key Location:

☐ LAUNCH ☐ HAULOUT ☐ PICKUP ☐ DELIVERY

REPAIRMAN'S TRIP TO AND FROM LOCATION **Hours:** **Mileage:**

ESTIMATE				ADDITIONS TO ESTIMATE			
PARTS	LABOR	TAX	TOTAL	PARTS	LABOR	TAX	TOTAL

ADDITIONS AUTHORIZED BY: TIME DATE

INTERNAL SUMMARY

ACCT.	CHARGE	COST

Total Labor	
Total Parts	
Total Outside Repair	
SUB TOTAL	
Tax	
Gas	
PAY THIS AMOUNT	$

ALL WORK CASH ON DELIVERY

I am authorized to order the above listed work, including the labor, parts and materials for the boat, motor(s) and/or trailer described above. I agree to pay regular retail prices in cash or on acceptable terms to you, upon the completion of the work ordered. If I fail to pay for the completed work, I understand you will have a mechanic's lien upon the Unit to secure payment for the work and I expressly waive all rights to claim exemption under the State Laws. If collection is made by a suit or any other method required, I agree to pay interest until paid in full, also collection cost, including reasonable Attorney's Fee. I agree not to hold your Company liable for loss or damage caused by theft, fire or any other cause beyond your Company's control to real or personal property delivered to the Company for repair, sale or storage. The Company employees may operate the above described boat, motor(s) and/or trailer, and my motor vehicle for purpose of testing, inspection or delivery at my risk.

THE RIGHT IS RESERVED TO SUBSTITUTE PARTS FOR THOSE CURRENTLY UNAVAILABLE.

STORAGE CHARGES WILL BE ADDED ON ALL ITEMS NOT PICKED UP WITHIN 5 WORKING DAYS AFTER NOTIFICATION OF COMPLETION OF SERVICE.

All parts removed will be discarded unless otherwise specified: Save ☐

AUTHORIZED BY **X**

CUSTOMER'S CLEAR RECEIPT

I have examined the above described vessel and find the work completed to my satisfaction. I hereby acknowledge receipt of the Unit.

X

Reorder From: Jenkins Business Forms (800) 851-4424

SAMPLE

CUSTOMER'S NAME

REPAIR ORDER NO.

ADDITIONAL MATERIAL USED

COST	QUAN.	PART NO.	DESCRIPTION	SALES
			TOTAL FORWARD	

ADDITIONAL LABOR AUTHORIZED

DESCRIPTION	SALES
TOTAL FORWARD	

REQ. NO.	OUTSIDE REPAIRS	COST	SALES
	TOTAL FORWARD		

LABOR RECORD

NAME	EMPL. NO.	OPER. NO.	COST	TIME ELAP.	TIME CLOCK
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON
					OFF
					ON

	TOTAL	RATE	COST

SAMPLE