



**AQUA MOON MARINA
& BOATWORKS, INC.**
573-365-0781

North Shore Lake of The Ozarks off W20
3 MM OFF MAIN CHANNEL
17 ASCHOFF RD, P.O. 1120, LAKE OZARK, MO 65049
FAX: 573-365-9085
EMAIL: aquamoonmarina@charter.net

De-Winterization Work Order Agreement

One form per boat. Please copy if necessary. If faxing, please call to verify receipt.

Customer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Business Phone: _____ Local Phone: _____

De-Winterize my boat after: ____/____/2010 (*Minimum 2 weeks advance notice recommended)

Boat Make: _____ Year: _____ Model: _____ MO#/Name: _____
 Engine(s) make & size: _____ Generator brand: _____
 Boat Location by land: _____
 By Water (landmarks, MM): _____
 Location of Keys: _____
 Special Instructions: _____

PLEASE CHECK THE DESCRIPTIONS WHICH ARE MOST LIKE YOUR BOAT:

_____ PWC	\$44	_____ Water System	\$39	*water must be available on dock to fill & test water system.
_____ Single Engine	\$65	_____ Waste System	\$39	
_____ Double Engine	\$130	_____ A/C	\$39	
_____ Generator	\$39	_____ Additional Systems (each)	\$39	

Suggested Spring Maintenance:

_____ Water Pump Impeller (s) Recommended Annually (call for quote)
 _____ Tune-Up (call for quote)
 _____ **If batteries are dead upon arrival, checking here authorizes Aqua Moon Marina to replace them at your expense.
 We will jump start your boat at time of dewinterization, if necessary. We cannot guarantee your boat will start next time you try it. An additional service call, parts and tax will apply if battery replacement is required after dewinterization.

_____ **Please check if we winterized your boat.**

Please note: these rates do not include parts, service call, shop supplies, environmental charge or tax.

Credit Card Type: MC Visa Discover American Express 3 digit security code on back of credit card _____
 Credit Card Number: _____ Exp. Date: _____

I, the undersigned, have read and agree to the conditions set forth in this agreement. I do hereby authorize Aqua Moon Marina to perform services herein and to charge the cost of services to my credit card.

Customer Signature: _____ Date: ____/____/2010

Signature required and credit card number on file before service work can be completed.

Thank you for your continued patronage. Please note any Special Instructions pertaining to your service needs.

IF FAXING THIS FORM PLEASE CALL TO VERIFY RECEIPT 573-365-0781