

AQUA MOON MARINA

AND 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, Missouri
65049
FAX: 573-365-9085
aquamoonmarina@charter.net

Work Order Agreement

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

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: _____

SERVICES REQUESTED:

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 Aqua Moon Marina, upon the completion of the work ordered. If I fail to pay for the completed work, I understand a mechanic's lien will be placed upon the unit to secure payment for the work and I expressly waive all right 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 costs, including Attorney's fees. A storage fee of \$10.00 per day will be charged for any boats not picked up within 5 days of completion, I agree not to hold your company liable for loss or damage caused beyond your company's control to real or personal property located on the Company's property while being repaired, for sale or stored. The company employees may operate the above described boat(s), motor(s), trailer for purpose and my motor vehicle for purpose of pickup, testing, inspections, or delivery at my risk. The right is reserved to substitute parts for those currently unavailable.

I, the undersigned, 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.

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

Thank you for your continued patronage.

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

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