# Marine Systems Inc.

Ph. 604-985-5326 Email: info@marinesystems.ca Fx. 604-986-1213

# Parts Request Form

(please print clearly)

First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Office #: _____ext___ Mobile #: _____

**(check one please)**
**TO BE ORDERED: _____ DETERMINE COST: _____ AVAILABILITY: (1 day 2 day 3 day 1 week or more)**

CREDIT CARD#: _____ - _____ - _____ - _____ (remains confidential).
Master Card / Visa / Other: _____ (we do not accept American Express)

| **Part Description** | **Part#** | **Quantity** |
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**Note:** *On some special orders the parts are not returnable, also on special orders there will be shipping charges!*

I hereby authorize the above parts to be acquired on my behalf. I acknowledge I am responsible for any shipping, handling, and restocking charges which may be incurred should the parts not be picked up by me. I acknowledge electrical and special order items require pre-payment and are non- returnable. You will not be held responsible for items left in your possession after 60 days.

AUTHORIZED BY: _____ DATE: _____