Marine Systems Inc.

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

Repair Order Request Form

(please print clearly)

First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Mobile Phone: _____
Vessel Name: _____
Location: _____ Slip #: _____ Access code / keys: _____
Vessel Make: _____Model: _____Year: _____ Size: ____power / sail
Engine Make: _____ Model: _____ Horsepower: _____

Repairs to be completed:

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REPAIR ORDERS PAYABLE IN FULL UPON COMPLETION

I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate the unit herein described on any waterways or elsewhere for purposes of testing, inspection or delivery at my risk. An expressed mechanical lien is acknowledged on above unit to secure the amount of repairs hereto. It is also understood that you will not be held responsible for loss or damage to the unit (or articles left in or with the unit) in case of fire, accident, inclement weather conditions or any other cause beyond your control. You will not be held responsible for items left in your possession after 60 days from the final date of repair

AUTHORIZED BY: _____ DATE: _____