



# S & S MARINE, LLC

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## CUSTOMER INFORMATION AND SERVICE REQUEST

Today's Date: \_\_\_\_\_

Customer Home#: \_\_\_\_\_

Customer Work #: \_\_\_\_\_

Customer Cell #: \_\_\_\_\_

Customer Fax #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Billing Address: \_\_\_\_\_

Customer Email: \_\_\_\_\_

### **Boat Information**

Make: \_\_\_\_\_

Model: (circle one) Express, Flybridge, Motoryacht, Center Console

Year: \_\_\_\_\_ L.O.A. \_\_\_\_\_

Boat Name: \_\_\_\_\_

Marina/Boat Location: \_\_\_\_\_

**Requested Work/ Estimate Needed: (please describe):** \_\_\_\_\_

**To schedule your first visit, you must provide us with a Credit Card No. (*Mastercard or Visa*). First service will be put on the credit card.**

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 digit # on back of card: \_\_\_\_\_

**Billing address of credit card being used, please include zip code number:**

\_\_\_\_\_  
\_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_