



New Patient Service Agreement 2017

Patient Name: _____

Phone # to reach you: _____

Email Address: _____

Email Invoices? Yes No

Are you ready to dewinterize? Yes No My boat is already dewinterized

Dewinterize my boat any time after this date: _____

Billing Address _____

Boat name/description/make/model _____

Condo/Dock & Slip # _____

Location of Boat keys/Lift Keys/Combo Lock #s _____

Directions to your boat by land _____

Other important information we should know? _____

What would you like our Doctors to repair? _____

By signing this agreement, I hereby authorize the above work to be done along with the necessary materials and hereby grant you and/or you employees permission to operate the vessel herein described on the waterways or elsewhere for the purpose of testing and/or inspection. I also accept financial responsibility and am willing to pay all The Boat Docs, Inc. invoices in accordance with the terms described therein. I agree to pay in full when the work is completed. I also understand that this is the policy of The Boat Docs, Inc. to charge my credit card if I am unavailable to pay by cash or check and payment is not made within 10 days. An express mechanic's lien is acknowledged on the above vessel to secure the amount of the repairs thereto. I understand that a service charge of one and a half percent per month (prorated from the due date) will be added to any delinquent accounts. Storage will begin on any trailer or boat not picked up within 10 days after notification of completion of service. If it is necessary that collection be made by suit or otherwise. I agree to pay interest until paid, along with collection costs, including a reasonable attorney fee. The Boat Docs, Inc. is NOT responsible for loss or damage to boats, motor vehicles, trailers or articles left therein in case of fire, theft, accident, freezing or any other causes beyond our control when in our custody for repair or storage. The Boat Docs, Inc. is NOT responsible for data sent by unsecured email or other formats. Please be advised and we only recommend protecting secure data such as your credit card number. For your protection, repair work will NOT begin until this signed agreement is received in our office.

SIGNATURE X _____ DATE _____

REQUIRED Credit Card _____ Exp Date ____/____
MC/ Visa

Mail the completed form to us at:

The Boat Docs, Inc. PO Box 3652, Camdenton, MO 65020-3652

Or scan and email to:

kevin@theboatdocs.com