CUSTOMER AND VESSEL MASTER INFORMATION SHEET

Date:		Boat Name: _			
Owner's Name: _					
Address		City		State	Zip
Phones: HOME		BUSINESS		CELL	
Fax:		Email:		CELL	
I would like to receive Southwind communications (contracts, invoices, etc.) by:					
			ons (conti	acis, invoices	s, etc.) by.
US Mail	Email	Fax			
Alternate Contact	: (other than O	wner's spouse)	:		
Name:	Relationship:				
Address			Sta	ateZi	р
Phones:		BUOINEGO		CELL	_
BOAT INFORMA	A <i>TION:</i> Pow	BUSINESS /er Sa	iı \Box	CELL	
			."		V.
Make		Model _			Year
State Regis. No.			HIN		
Documented?	No Yes	Docum	ent #		
Total Length _	Verifi	ed: Measured	(or Mfger Spe	cs
Max Beam _	Verifi	ed: Measured	(or Mfger Spe	cs
Weight	lb. Verifi	ed: Scale		or Mfger Spe	cs
Draft N	Mast Length (if unstepped) Verified:				
Inboard	I/O	Outboard	S	single	Twin
Gas Diese	el Eng. M	ake		Model	HP
No Engine (or outboard will be removed by owner)					
STORAGE:					
Boat will be store	d on: South	nwind stands	O	wner's stands	S(
	Owne	er's cradle		wner's trailer	NOWBEN
Stands, cradle or trailer are permanently marked Verified:					
At haulout South	•	•		•	