

DONN'S BOAT SHOP, INC.

"Your One Stop Shop"

P.O. BOX 3826 / 486 HAUL RD. ~ PAGE AZ. 86040
 Phone 928-645-0313 ~ Fax 928-645-0323
 www.donnsboatshop.com ~ boatfxr@donnsboatshop.com

CONFIRMATION FORM

* This form must be returned to Donn's Boat Shop, Inc. two weeks prior to your arrival.

BOAT NAME: _____ BOAT WK: _____

OWNERS NAME: _____

MAILING ADDRESS: _____

PHONE (HOME) #: _____ PHONE (WORK) #: _____

CELLULAR PH #: _____ FAX #: _____

EMAIL: _____

CHECK ON:	DAY: _____	DATE: _____	TIME: _____
CHECK OFF:	DAY: _____	DATE: _____	TIME: _____

PLEASE CHECK ALL SERVICES TO BE PROVIDED BY DONN'S BOAT SHOP OR CANCEL IF YOU ARE NOT USING YOUR WEEK.

	REQUESTED SERVICES	MANDATORY PER BYLAWS	CORP/OWNER PAID (C/O)
CHECK ON	_____	_____	_____
CHECK OFF	_____	_____	_____
PILOT OUT	_____	_____	_____
PILOT IN	_____	_____	_____
PUMP OUT	_____	_____	_____
FUEL	_____	_____	_____
WATER	_____	_____	_____
PROPANE	_____	_____	_____
CLEAN	_____	_____	_____
SYSTEM CHECK	_____	_____	_____
PILOT & BOAT INSTRUCTION	_____	_____	_____

_____ CANCEL: I WILL NOT BE USING THE BOAT FROM ___/___/___ TO ___/___/___

IF ALL OR A PORTION OF THE SERVICES ARE PAID BY OWNER, I AUTHORIZED THE ABOVE SERVICES TO BE CHARGED TO MY CREDIT CARD. PLEASE MAKE SURE THE ADDRESS ABOVE IS THE BILLING ADDRESS FOR THE CREDIT CARD BELOW.

CREDIT CARD NUMBER: _____ EXP: _____

NAME ON CREDIT CARD: _____

or
 I will pay by check at the time of service _____

*If Donn's Boat Shop pays for fuel, 10% will be added to the cost of fuel. Aramark will not take customer credit cards or checks from us at the fuel dock so if you prefer not to have the 10% mark up, please have a blank check made out to Donn's Boat Shop, Inc. available to pay for fuel.

SIGNATURE: _____ DATE: _____

OTHER REQUESTED SERVICES / COMMENTS / DETAILS OF ARRIVAL: