

Gold Coast Marine Repairs

Email: info@goldcoastmarinerepairs.com

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Mobile: 0407 592 093

REPAIRS FORM



CLIENTS NAME: _____

ADDRESS: _____

SUBURB: _____ **P/CODE:** _____

PHONE: _____ (Work) (Home) _____

MOBILE: _____ **FAX:** _____

VESSEL Name: _____

VESSEL Make: _____

VESSEL Length: _____

VESSEL STORAGE: _____ **Shed Storage Fee: \$75.00 Daily**

VESSEL WORK REQUIRED:

TERMS & CONDITIONS - AUTHORITY TO COMMENCE WORK

- 1) I/We agree to pay a 50% deposit before work commencement by Gold Coast Marine Repairs on the vessel mentioned on this form. In addition, Gold Coast Marine Repairs may require periodical progress payments once the work is in progress or if the job is conducted over a long period of time or held up due to bad weather etc. Unless otherwise agreed the terms of payments above are applied by management.
- 2) I/We agree to these terms and conditions of work commencement and agree to pay the balance owing in full at the completion of the work being carried out by Gold Coast Marine Repairs before the vessel is released back to the owner.

Full Name: _____

Clients Signature: _____

Dated: ___/___/___