

DARDEN MOBILE MARINE SOLUTIONS

Address: 2728 Spruill Ave. Unit B Charleston, SC 29405

Phone Number: 843-830-2116

Email: JMyles@Dardenmarine.com

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Mobile: _____

E-Mail: _____

Boat Name: _____ Make: _____ Model: _____

Length: _____ Beam: _____ Year Built: _____

Vessel Location: _____ Key Combo/Location: _____

Engine Make / Model: _____ HP: _____

Single Engine Twin Engines Triple Engines Quad Engines

Service Requested (Please provide complete description of PROBLEM being experienced)

1. _____

2. _____

3. _____

PLEASE ESTIMATE IF REPAIRS WILL BE MORE THAN \$ _____

RETURN PARTS TO YOU? Yes No

Would you like to have a sea trial performed at our hourly rate? Our post-repair "no load" testing cannot reproduce the under-load, operating conditions to confirm that repairs have in fact corrected all reported problems. A sea trial under load and normal operating condition is highly recommended to confirm that all reported symptoms and diagnosed problems have been corrected.

YES, PERFORM SEA TRIAL (Standard charges apply) _____

** I authorize Darden Mobile Marine Solutions to sea trial my boat to verify normal operation.

NO, I THE BOAT OWNER WILL PERFORM SEA TRIAL _____

** I'm aware my boat may need additional repairs to verify optimum performance under load.

I hereby authorize the work on this and any following pages to be done along with the necessary materials. I accept the work will be billed with a 2% environmental & supply fee. I grant Darden Mobile Marine Solutions permission to operate the boat and/or equipment heron described for the purpose of testing and inspection.

CREDIT CARD AUTHORIZATION

By signing below, I wish to use this credit card as method of payment to cover my repairs. This signed authorization allows Darden Mobile Marine Solutions to bill the card provided for my work order. Note: Work may be progress billed weekly and all balances are due upon completion of work.

Visa Mastercard American Express Other: _____

Card Number: _____ Expiration Date: _____

CCV: _____ Billing Address if different from above: _____

Signature: _____ Date: _____