



S & S MARINE, LLC

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CUSTOMER INFORMATION AND SERVICE REQUEST

Today's Date: _____

Customer Home#: _____

Customer Work #: _____

Customer Cell #: _____

Customer Fax #: _____

Customer Name: _____

Customer Billing Address: _____

Customer Email: _____

Boat Information

Make: _____

Model: (circle one) Express, Flybridge, Motoryacht, Center Console

Year: _____ L.O.A. _____

Boat Name: _____

Marina/Boat Location: _____

Requested Work/ Estimate Needed: (please describe): _____

To schedule your first visit, you must provide us with a Credit Card No. (*Mastercard or Visa*). First service will be put on the credit card.

CC#: _____ Exp. Date: _____

3 digit # on back of card: _____

Billing address of credit card being used, please include zip code number:

Name on Card: _____

Signature: _____