



2021 Haul-Out Work Order and Contract

3003 Lakeshore Dr Muskegon, MI 49441 – 231-759-8596 Fax 231-755-1522 www.torresen.com
THIS FORM MUST BE COMPLETED & RETURNED FOR HAUL OUT TO BE SCHEDULED!!!

Owner's Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip: _____ *E-mail:* _____

Will you be present at time of Haul-Out? Yes / No (circle)
Requested Haul-Out Date: _____ If present - Time: _____
Estimated Launch: _____ (Owner **must** contact TMI in 2022 to schedule launch)

Boat Name: _____ MC# _____ Key/Combo: _____

Boat Make: _____ Length: _____ Beam: _____ Draft: _____

Engine(s): Make: _____ Model: _____ Year: _____

Location of Trailer/Cradle/Jack Stands (Circle): _____

Location of Boat: _____ Will you deliver to TMI? _____

****Boat on **Brokerage List** - Circle for YES

PLEASE INDICATE THE SERVICES REQUIRED

STORAGE (circle) : OUTSIDE - MAST UP / MAST DOWN

INSIDE – HEATED / COLD (boat must be winterized)

- | <u>SERVICE</u> | <u>ENGINE</u> |
|---|--|
| _____ Haul, min charge 20' | _____ Change Oil & Filters |
| _____ LAUNCH, min charge 20' | _____ Change Fuel Filters |
| _____ STORAGE | _____ Change Raw Water Impeller |
| _____ Bottom Cleaning | _____ Change gear lube |
| _____ Transport boat to TMI | _____ Top Off Fuel Tank |
| _____ Inspect Rigging | _____ Change Perm Antifreeze if needed |
| _____ Mast de-rigging & rigging | <u>WINTERIZING</u> |
| _____ Mast storage | _____ Winterize All Systems |
| _____ Cradle Rental | _____ Inboard(s) |
| _____ Install Winter Cover | _____ Outboard(s) |
| _____ Build Cover frame | _____ Generator |
| _____ Inside Cold - Cover with Visqueen | _____ Head(s) |
| _____ Inspect sails, fold & store | _____ Bilge Pump(s) |
| _____ Store Outboard motor | _____ Water System |
| _____ Pump Out holding Tanks | _____ Air Conditioning |
| _____ Battery Storage with Charging | _____ Refrigeration |
| | _____ Other _____ |

I HEREBY AUTHORIZE THE SERVICES INDICATED ABOVE:

_____ Date: _____

Signature required (this signature also acknowledges terms on Page 2)

Mastercard / VISA / Discover card Authorization

Card # _____ Exp. Date: _____ Code: _____

PAYMENT IS DUE WHEN INVOICED (Will charge to card provided upon billing)

A 1-1/2% monthly (18% annually) service charge will be added to all invoices 30 days past due.

