



Ph: 508.228.0244 Fax: 508.228.6518 email: boats@glynsmarine.com www.glynsmarine.com

FALL HAUL 2012 & STORAGE '12/'13 Agreement

(please duplicate this form and submit one copy for each boat)

Between:

_____ and Glyn's Marine, Inc. Nantucket, MA
(Full Name)

Preferred BOAT HAUL DATE: _____ or _____ From: _____

Make/model of Boat: _____ Motor(s): _____ Trailer: _____
(make/size/name) (brand/HP) (make)

Reg (Doc) # Expiration & State: _____ Mooring Permit # _____

Do you need: Head Pumped? Y or N Mooring hauled? Y or N Dinghy picked up? Y or N
(you will be charged a fee) (from _____) (name/brand/location _____)

Is there A KEY? COMBO #? for any locks on cabin/motor/garage: _____

Ck Type of Storage for BOAT: STORED@GMI; ShrinkWrap "to go"; To Go

"to go" to address, where applicable _____

Any boat, trailer, dinghy or engine not removed from storage, or in progress to launch by May 15, 2013 will be charged a monthly rate through September 1, 2013, when the winter storage season commences.

To request winter work items (make note of any items of which you are aware that will require special attention) PLEASE USE THE REVERSE SIDE

WE MUST SCHEDULE WINTER WORK BEFORE 12/15/12

Glyn's Marine, Inc. is not responsible for theft, fire, loss or damage to property stored at our facilities or assumed in "our care": and we advise you to insure your property against theft, fire, loss or damage year round, not seasonally.

I, _____, the represented owner of the above vessel, hereby authorize GLYN'S MARINE, INC. to perform the work necessary for winterization, storage, and/or any additional repairs as requested. I also understand that all invoices are due within **fifteen days** of date of invoice, and that finance charges are applied monthly for any past due balance, at a rate of 18% annually.

I also acknowledge that Glyn's Marine recommends that my boat/motor/trailer/electronics/dinghy/other items be INSURED against theft, fire, loss and damage.

Signature (required) _____ Date _____

Billing address: _____

WINTER CONTACT #: day _____ / evening _____

Cell: _____ Email address: _____

RETURN VIA MAIL TO:
GLYN'S MARINE, INC. 8 ARROWHEAD DRIVE NANTUCKET, MA 02554 OR FAX: 508.228.6518