142 Ferry Road
Old Saybrook, CT 06475
Phone: 860-388-1431 x 14
Fax: 860-395-2436
service@betweenthebridges.com

BETWEEN THE BRIDGES MARINA

Southyard
2 Clark Street
Old Saybrook, CT 06475
Phone: 860-388-3614
Fax: 860-395-2436
southyard@betweenthebridges.com

Customer Name:	**Boat Type:**
Address:	**Boat Location:**
City: **State:** **Zip Code:**	**Serial #:**
Cell Phone:	**Boat Name:**
Work Phone:	**Key Location/Combo:**
Home Phone:	**Email:**

Job #	Description of Work Requested
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

STORAGE CHARGES WILL BE ADDED TO ANY BOATS OR TRAILERS NOT PICKED UP WITHIN 10 DAYS AFTER NOTICE OF COMPLETED SERVICE. ANY BOAT OR TRAILER NOT PICKED UP WITHIN 30 DAYS OF COMPLETION WILL BE SOLD IN ACCORDANCE WITH THE LIEN STATUTES OF CONNECTICUT.

CUSTOMER HEREBY AUTHORIZES THE ABOVE WORK TO BE COMPLETED WITH THE NECESSARY MATERIALS. BETWEEN THE BRIDGES MARINA EMPLOYEES MAY OPERATE THE ABOVE BOAT FOR PURPOSES OF TESTING, INSPECTING OR DELIVERING AT CUSTOMER'S RISK. ANY EXPRESS LIEN IS ACKNOWLEDGED IN THE ABOVE BOAT TO SECURE THE AMOUNT OF REPAIRS THERETO. BETWEEN THE BRIDGES MARINA WILL NOT BE HELD RESPONSIBLE FOR LOSS OR DAMAGE TO THE ABOVE BOAT OR ANY ARTICLES LEFT IN SAID BOAT IN THE EVENT OF FIRE, THEFT, OR ANY OTHER ACCIDENT/CAUSE.

IF BETWEEN THE BRIDGES MARINA (BTB) IS FORCED TO COLLECT ANY BALANCE OWED, CUSTOMER AGREES TO PAY INTEREST THEREON AT THE HIGHEST LAWFUL RATE AND ALL COLLECTIONS COSTS, INCLUDING REASONABLE ATTORNEY'S FEE.

BETWEEN THE BRIDGES MARINA (BTB) WILL NOT BE LIABLE FOR ANY FREEZE DAMAGE INCURRED ON ANY BOAT, ENGINE, DRIVE UNIT OR WATER SYSTEM RECEIVED FOR WINTERIZATION OR STORAGE AFTER OCTOBER 1ST OF CURRENT YEAR.

I AUTHORIZE THE CREDIT CARD # GIVEN BELOW FOR USE ON THE ABOVE JOB TO BE CHARGED AT THE TIME OF COMPLETION FOR THE TOTAL AMOUNT DUE LESS ANY DEPOSITS TAKEN IN ADVANCE.

ELECTRONIC SUBMISSION OF THIS FORM, FAXING, OR PERSONAL DELIVERY CONSTITUTES MY ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. BY AUTHORIZING BELOW, I REPRESENT THAT I HAVE READ, UNDERSTAND, AND ACCEPT SAID AGREEEMENT AND THE INFORMATION PROVIDED TO ME AS PART OF BETWEEN THE BRIDGES ONLINE SYSTEM. I AGREE WITH ALL OF ITS TERMS AND AGREE TO ALL PAYMENTS AS SUCH.

Authorized By: _____**Billing Zip Code:** _____**Date:** _____ / _____ /_____

Please type name for electronic authorization

Credit Card #: _____ /_____ /_____ /_____**Expiration Date:** _____ /_____ /_____ **CCV (Security Code) #:** _____