



Work Authorization Form

410-703-9875
saltworksmarineservice@gmail.com

Customer Name _____ Boat Name _____
Address _____ Boat Model _____
City _____ Zip Code _____ Boat Location _____
Phone _____ Slip Number _____
E-mail Address _____ Key Location /Combo _____

Engine Make _____ Engine Model _____
Hours: Port/Single _____ Stbd _____ Gen _____
Serial Number: Port/Single _____ Stbd _____
Transmission / Outdrive Model: Port/Single _____ Stbd _____

Work to be Performed _____

Payment Information: Hourly Rate \$190.00/hour Mileage \$2.50/mile
Visa Mastercard Discover

Please note: Credit card is subject to 3% convenience fee. Card will not be charged without authorization.

Name on Card _____
Card Number _____
Expiration Date _____ Security Code _____

Authorization: I HEREBY AUTHORIZE service as set forth above and agree to pay for parts, labor and other charges. I understand that payment is due upon completion of the work and before I pick up the vessel. I understand and agree that I will owe 5% per month interest on any unpaid balance. I understand and agree to pay the attorney's fees on any unpaid balance and interest. I hereby grant a lien on the vessel to secure the payment of all charges, interest and attorney's fee. I understand if the invoice for work requested by this authorization is not paid within 30 days of the invoice date, the credit card listed will be charged the amount due.

Signature _____ **Date** _____

Saltworks Marine Service will not be responsible for any items left in our possession 30 days past the date of invoice.