

Trailer / Boat Storage Information

CUSTOMER NAME _____

VESSEL NAME _____

VESSEL TYPE _____ TRAILER / # OF AXLES _____

VESSEL MAKE _____ VESSEL MODEL _____

TRAILER LOCKED Y/N _____ FOR SALE Y/N _____

Reg. No / Doc. No. _____

HID # _____

VESSEL L.O.A. _____ TRAILER L.O.A. _____

Services to be Performed:

STORAGE: MONTHLY _____

BI-ANNUAL _____

TRAILER LIGHT SERVICE _____

TIRE PRESSURE CHECK _____

WASH DOWN _____

GREASE POINT SERVICE _____

TRAILER INSPECTION _____

INITIAL _____

COOPER RIVER

BOATYARD

