

# Marine Maintenance of Bay Co, INC.

## PANAMA CITY LOCATION

7803 McElvey Rd.  
Panama City Beach, FL 32408  
Phone: 850.236.0061 Fax: 850.236.8861  
Website: [www.marinemaint.com](http://www.marinemaint.com)

## PENSACOLA LOCATION

Pensacola, FL 32505  
Phone: 850.444.9643 Fax: 850.444.9644

## WORK AUTHORIZATION

I hereby authorize **MARINE MAINTENANCE OF BAY CO, INC** (MMBC) to do the repair work to my vessel @ \$125.00 per hour, along with the necessary materials, for the length of one year or \_\_\_\_\_ from the date below. MMBC and its employees may operate my vessel on any waterways or elsewhere for the purpose of testing, inspection or delivery all at my risk. I acknowledge that MMBC has a federal maritime lien and state mechanic's lien on my vessel to secure payment of the cost of labor and materials provided thereto. It is understood that MMBC will not be held responsible for loss of damages to the vessel (or articles left in or with the vessel) in case of fire, theft, accident, inclement weather conditions or any other cause beyond MMBC's control.

I also understand that no work will begin nor any schedule for work will be made until **MARINE MAINTENANCE OF BAY CO, INC** receives this authorization.

I will provide a major credit card number (Visa, MasterCard, or American Express) and the expiration date of such card, or a 50% deposit paid by check, cashier's check or money order, before work begins. I agree that invoices will be paid with the credit card I furnish or by check at completion of job. Payment for all work performed is the responsibility of the vessel and me, as vessel owner. I understand that original Warranty claims will be filed for Volvo Penta, MAN, Cummins, Onan, Kohler, Westerbeke, Northern-Lights, Glendinning or Mase Generators; however, the vessel and I are responsible for paying any items or labor not paid under Warranty. The undersigned owner shall file after-market Warranty/Insurance claims directly.

I acknowledge that payment will be made no later than ten (10) days from completion of work. I agree to pay mileage and travel time on each job from MMBC's shop to the vessel and return to MMBC's shop.

**REMEDIES UPON DEFAULT: Should you fail to make any payment as required by this Work Authorization, MMBC shall be entitled to proceed with its available state, federal or maritime legal remedies against me and/or my vessel without further notice, including, specifically, arrest of vessel, foreclosure of MMBC's maritime lien and sale of the vessel by the U.S. Marshal. For any action brought into the state courts, venue for such action will be in Bay County, Florida. Further, I agree to reimburse MMBC for all reasonable attorney's fees, expenses of judicial administration and all cost associated with collection of this account from the vessel or me, plus interest on the unpaid balance in the amount of eighteen (18%) percent per annum from the date work was completed. I KNOWINGLY, VOLUNTARILY, AND INTENTIONALLY WAIVE THE RIGHT TO A TRIAL BY JURY.**

DATE \_\_\_\_\_

Authorized by \_\_\_\_\_,  
Owner

\_\_\_\_\_  
Please print name as signed

As authorized agent, I understand that I will be held liable for all charges for labor and materials if owner does not remit within (10) days.

Signature of Authorized Agent (if applicable) \_\_\_\_\_,  
Agent

\_\_\_\_\_  
Please print name as signed

**DEPOSIT OR CC# REQUIRED. ALL PAYMENTS ARE DUE AT COMPLETION OF JOB. CREDIT CARD WILL BE CHARGED 10 DAYS AFTER COMPLETION OF JOB IF PAYMENT HAS NOT BEEN RECEIVED. NO EXCEPTIONS**

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## CUSTOMER DATA

Owner Name: \_\_\_\_\_  
*FIRST M. LAST*

Billing Address: \_\_\_\_\_  
*COMPLETE ADDRESS*

\_\_\_\_\_  
*CITY STATE ZIP*

Owner's Ph #: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(O) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(F) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Receipt Method: \_\_\_\_\_  
*( MAIL OR EMAIL)*

Tax Exempt: (please check one) YES  or NO

Vessel Name: \_\_\_\_\_

USCG Documentation #: \_\_\_\_\_

Hull Identification #: \_\_\_\_\_

Location of Vessel: \_\_\_\_\_

Access: (key location/combo) \_\_\_\_\_

Engine/Gen Make/Model: \_\_\_\_\_

Under Warranty: (Check One) YES  or NO  Expires: \_\_\_\_\_

Need Owner Be Present: (Check one) YES  or NO

Captain/Alt Contact: \_\_\_\_\_

Phone # Alt. Contact: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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### CREDIT CARD AUTHORIZATION

NAME AS APPEARS ON CREDIT CARD \_\_\_\_\_

ADDRESS (where credit card billed, including zip) \_\_\_\_\_  
*Address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip*

NAME OF COMPANY (If tax exempt-current Tax Certificate required at time of order)

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CC# \_\_\_\_\_ EXP \_\_\_\_\_ VISA  M/C  AMEX

LAST THREE DIGITS OF SECURITY CODE LOCATED ON BACK OF CARD \_\_\_\_\_

PERSONS AUTHORIZED TO PLACE ORDER: \_\_\_\_\_

THE UNDERSIGNED IS AUTHORIZING THE USE OF THE ABOVE NOTED CREDIT CARD FOR PURCHASES BY TELEPHONE FOR MARINE SERVICE WORK AND PARTS AT MARINE MAINTENANCE OF BAY CO, INC

X \_\_\_\_\_ **CARD HOLDER SIGNATURE REQUIRED**

IF PERSON AUTHORIZING SERVICE IS AN AGENT, YOU WILL BE RESPONSIBLE FOR PAYMENT IN FULL IF OWNER DOES NOT PAY WITHIN 10 DAYS OF DATE OF INVOICE.

**ALL PAYMENTS ARE DUE AT COMPLETION OF JOB. I UNDERSTAND AND AUTHORIZE MY CREDIT CARD TO BE CHARGED IF NO PAYMENT IS RECEIVED WITHIN 10 DAYS. NO EXCEPTIONS**