

REQUEST FOR PARTS

Fax to 573.346.5505

Contact Information

* Denotes required field_

| *Full Name | | | | |
|---------------------------------------|---|--|--|------------------------------|
| *Home Address | | | | |
| *City | | *State | *Zip | |
| Lake Address | | | | |
| City | | State | Zip | |
| * Phone(s): Home | Work | | Lake | |
| Cell | _ Fax | Email | | |
| Boat Information | | | | |
| Year Make | | Model | | |
| Serial | | State Reg | | |
| ENGINE #1 | | ENGINE #2 | | |
| Year Make | # cylinders | Year Make | | # cylinders |
| Model | | Model | | |
| Serial | | Serial | | |
| Outboard only:2 stroke4 | stroke | Outboard only:2 | stroke4 stroke | |
| PARTS REQUESTED | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| We will contact you within 48 wo | orking hours to arrange p | ayment and shipment of | your boat parts or acc | cessories. |
| What is the best time to contact you? | | | What phone? | |
| Comments: | | | | |
| | | | | |
| | A restocking charge o Parts or accessories m except for the following a. No refund b. No refund | nd Accessories Returned of 15% will be charged on all any be exchanged or returned ng items: ands on electrical parts or accessor of the condition of the cond | I returns. I within 30 days of purcessories. eipt. | chase with original receipt, |
| Signature of boat owner | | Da | Date | |

We will NEVER – NO, NOT EVER sell or otherwise share the personal information you provide here with any company for any reason!

| We will use this information solely to provide you with the services you have requested here, and possibly to compile statistical information for our own use to enhance our quality and ranges of services. |
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