



WORK ORDER

ABN: 71 663 692 080
 JARKARN PTY LTD T/A MARINE MECHANICAL SOLUTIONS
 BOATWORKS "J" BUILDING
 UNIT 4,1 BOATWORKS DRIVE, COOMERA QLD 4209
 PHONE: 07 5580 5500 FAX: 07 5580 5522
 EMAIL: admin@marinemechanics.com.au

VESSEL DETAILS	
VESSEL NAME / REGO NUMBER	
VESSEL MAKE/MODEL	
ENGINE MAKE/MODEL	
ENGINE SERIAL NUMBER/S	
VESSEL ADDRESS	
CONTACT PERSON	
NAME OF REGISTERED OWNER	
ADDRESS FOR INVOICES/NOTICES	
OWNERS NAME	
OWNERS POSTAL ADDRESS	
OWNERS RESIDENTIAL ADDRESS	
OWNERS PHONE NO	OWNERS MOBILE NO
OWNERS FAX NO	
OWNERS EMAIL	
OWNERS DRIVERS LICENCE NO	
DESCRIPTION OF WORK:	
PAYMENT DETAILS	
CASH or CHEQUE (please circle)	
CREDIT CARD (please circle)	MASTERCARD VISA CARD EXP DATE ___/___ CVV_____
CREDIT CARD NUMBER	

PLEASE NOTE: ALL FIELDS MUST BE COMPLETED BEFORE WORK CAN COMMENCE

Authorisation:

I hereby authorise Marine Mechanical Solutions ("the Contractor") to carry out at my cost, any repairs, to supply all necessary parts and submit my vessel/s and or any ancillary equipment to such testing as is necessary and to supply any additional parts to complete the work required. I hereby authorise Marine Mechanical Solutions to deduct payment for work carried out from the credit card number supplied above (credit card details will be stored securely). And payment made on completion of work in accordance with payment terms.

I have received, understand and agree with the terms and conditions of repair.

YES / NO (PLEASE CIRCLE)

I declare that the information supplied by me is accurate and I undertake to notify the Contractor of any material change to the details after the agreement is made.

Signed on behalf of OWNER / AGENT:(PLEASE CIRCLE)

Name..... Sign..... Date.....

Position:.....

Name..... Sign..... Date.....

Signed on behalf of CONTRACTOR:

Name.....

Sign.....

Date.....

Position:.....

**PLEASE NOTE: NO WORK WILL BE UNDERTAKEN UNTIL THIS FORM AND THE ATTACHED TERMS AND CONDITIONS ARE
COMPLETED/SIGNED BY THE VESSEL OWNER/S.**