

9613-B Ploof Road Leland, NC 28451 (910) 880-5879

Customer Information / Authorization/Work Order Form

Date:	_	
VESSEL INFORMATION		
Vessel Name:	Vessel Location:	
Boat Hours:	Hull Number:	
USCG Documentation Numb	per:	
CUSTOMER INFORMATION		
Customer Name:		
Address:		
City:	State: Zip:	
Phone:	Email:	
ENGINE INFORMATION:		
Engine Manufacturer:		_
Port Model #:	Port Serial #:	
Stbd Model #:	Stbd Serial #:	
Generator Manufacturer:		
Model #:	Serial #:	
DESCRIPTION OF WORK TO	BE PERFORMED:	

Credit Card One Time Payment Authorization Form

Sign and complete this form to authorize DAVIS	S DIESEL, INC., to make	a debit to your
credit card listed below.		
By signing this form, you give us permission to	debit your account for the	amount indicated
on or after the indicated date. This is permission	for a transaction to pay yo	our Invoice/Work
Order for the amount shown on invoice.		
By signing this form, you acknowledge acceptant	nce of the	
Invoice/Work Order as described.		
Please complete the information below:		
I, author card	ze DAVIS DIESEL, INC.	, to charge my credit
(full name) account indicated below,and	for paym	ent of goods, services
etc. as described on Invoice/Work Order/Estima	te #	
I understand and agree that I am not responsible to pay the invoice in full	.	and am
Billing Address	Phone#	
City, State, Zip		
Email		
Account Type: Visa, MasterCard, Discover		
Cardholder Name		
Account Number		
Expiration Date CVV Code:		