

DeLayo Marine Service

New Customer Info Sheet

1251 North Dixie Highway , Suite 9

Pompano Beach, Florida 33060

delayomarine@msn.com Fax 954-532-4181

Customer Name _____

Phone number _____

Billing address _____

City _____ State _____ Zip _____

Email address _____

Vessel Name _____

Vessel Make _____ Length _____

Vessel Location: Home _____ Marina _____

Marina Name _____

Location Address _____

City _____ Zip _____ Slip _____

Contact Person Name: _____ Phone _____

Key Location: _____

Attached is our Credit Card form that must be filled out prior to any service is scheduled.

If you are unable to print both these forms, please include in an email all information or give us a call with information in hand.

Pre-Authorization/ Signature on File Form

I _____ Authorize DeLayo Marine Service, Inc of Pompano Florida, By phone in lieu of manual imprint and signature, to charge my credit card for goods and services rendered.

I understand that this authorization is valid for 1 year and may be revoked at any time with 30 days written notice. **Credit Card will be run upon completion of service.**

Credit Card Information

Company Name _____

CARDHOLDER _____

Billing Address _____

City _____ State _____ Zip _____

Phone number _____

Credit Card Number _____

Circle one (VISA) (AMEX) (MASTERCARD)

Expiration Date _____

V-Code (3 numbers on the back of the card) _____

Signature of Card Holder _____