



APPROVAL #

REFERENCE #

**TowBoatU.S. Lake Pleasant  
RB Marine Services, LLC (WT10800A)**

**125 Cottonwood Dr, Lake Havasu City, AZ 86403 (623) 261-3662**

DISABLED BOAT INFORMATION			Date of Service:			
Name of Vessel:	Power <input type="checkbox"/> Sail <input type="checkbox"/>	How Contacted: <input type="checkbox"/> VHF <input type="checkbox"/> Phone <input type="checkbox"/> CG <input type="checkbox"/> Visual <input type="checkbox"/> BoatU.S. Dispatch <input type="checkbox"/> Other:				
Reg #:	Color:	Nature of distress:		#POB:		
Make:	Length: Year:	Disabled boat's location:				
Weather & Sea Conditions:		Disabled boat's destination:				
<input type="checkbox"/> Boat Owner and/or <input type="checkbox"/> Operator		Time contacted:		ETA:		
Address:		1)Time tow boat out:	2)Time on scene:			
City:	State:	Zip:	3)Time in tow: 4)Time tow completed:			
Home Phone:	Work Phone:	Cell Phone:	5)Time tow boat at base: 6)Total hours billed:			
E-mail Address:		Towing Captain: Tow boat used:				
BoatU.S. Member #:	Service Level:	Exp. Date:	Towboat's location when contacted:			
DESCRIPTION OF SERVICES			BASIS FOR CHARGES (RATES, TIME SPENT, ETC.)		AMOUNT	
Day Rate:			X Hours:			
Night Rate:			X Hours:			
Ungrounding Fee:			X Boat Length:			
SCA Rate:			X Hours:			
Special Rate:			X Hours:			
Special Rate:			X Hours:			
<input type="checkbox"/> Salvage:			<input type="checkbox"/> Dive:			
			<input type="checkbox"/> Pump out:			
			<input type="checkbox"/> Other:			
Invoice is due and payable at completion of the requested service and interest of 1% monthly shall apply to any balance over thirty (30) days. The undersigned agrees to pay in full all charges including attorney's fees and costs should collection procedures be necessary. The undersigned agrees to indemnify and hold harmless the Towing Company, BoatU.S. and their agents, for any and all claims for bodily injury, property or environmental damage rising out of the work requested regardless of the cause. Disputes rising out of this agreement will be resolved by Arbitration in a mutually agreed upon domestic arbitration forum.				Invoice Subtotal		
				Tax @ _____%		
BALANCE PAID: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge <input type="checkbox"/> Other				Date:		Total
Card Holder's Signature:				Date:		Amount Billed To BoatU.S.
Card Holder's Name:						Balance
Boat Owner/Operator Signature:						
Comments:						
Top copy to billing service -- Middle copy to towing company -- Bottom copy to boat owner/operator						