



2011 LAUNCH FORM

Customer Category: _____
 Customer ID: _____
 Customer Name: _____
 Customer Phone: _____
 Customer Email: _____

Boat ID : _____
 Boat Name: _____
 Boat Model: _____
 Key Location: _____
 Combination: _____

Delivery Date:

This is the date you would like to have your boat completed and ready for your use.

Do you wish to be present at launch? Yes No

If yes, what time? _____

IBS to deliver your boat? Yes No

If yes, location: _____

Commissioning Options

Commission Complete - This will ensure that your boat is commissioned, all systems tested, interior and exterior cleaned, ready for your use.

Commission Individual Items Only - Please select the items below.

- | | | | |
|--------------------------|------------------|--------------------------|---|
| <input type="checkbox"/> | Engine(s) | <input type="checkbox"/> | Mast Step & Tune |
| <input type="checkbox"/> | Battery(s) | <input type="checkbox"/> | Mast Step Only (No final tune/adjustment) |
| <input type="checkbox"/> | Water System | <input type="checkbox"/> | Rig Sails |
| <input type="checkbox"/> | Head | <input type="checkbox"/> | Exterior Clean Major |
| <input type="checkbox"/> | Refrigeration | <input type="checkbox"/> | Exterior Clean Minor (~ 1 hour) |
| <input type="checkbox"/> | Air Conditioning | <input type="checkbox"/> | Interior Clean Major |
| <input type="checkbox"/> | Dinghy & Motor | <input type="checkbox"/> | Interior Clean Minor (~ 1 hour) |

NO Commissioning to be completed by Irish Boat Shop.

Special Instructions: _____

Payment Options

A guaranteed form of payment and authorization to bill your credit card is required before your boat is scheduled for service. If you prefer to pay by cash or check you may do so during regular business hours. Vessels delivered to your location by Irish Boat Shop and vessels picked up by the owner after hours will require payment by credit card.

Cardholder Name (please print) _____ Billing Address _____ City _____ State _____ Zip _____

Visa Mastercard Discover Amex

Account Number _____ Expires __ / __ / __ Security Code _____
(Last three digits on the back of the card)

Cardholder signature _____ Daytime phone number _____