



**2024 Haul-Out Work Order and Contract**

3003 Lakeshore Dr Muskegon, MI 49441 – 231-759-8596 Fax 231-755-1522 www.torresen.com

**THIS FORM MUST BE COMPLETED & RETURNED FOR HAUL OUT TO BE SCHEDULED!!!**

Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Will you be present at time of Haul-Out? Yes / No (circle)

Requested Haul-Out Date: \_\_\_\_\_ If present -Time: \_\_\_\_\_

Estimated Launch: \_\_\_\_\_ (Owner **must** contact TMI in 2025 to schedule launch)

Boat Name: \_\_\_\_\_ MC# \_\_\_\_\_ Key/Combo: \_\_\_\_\_

Boat Year/Make/Model: \_\_\_\_\_ Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft: \_\_\_\_\_

Engine(s): Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Location of Trailer/Cradle/Jack Stands (Circle): \_\_\_\_\_

Location of Boat: \_\_\_\_\_ Slip# \_\_\_\_\_ Will you deliver to TMI? \_\_\_\_\_

**PLEASE INDICATE THE SERVICES REQUIRED**

**STORAGE** (circle) : OUTSIDE - MAST UP / MAST DOWN

INSIDE – HEATED / COLD (boat must be winterized)

- \_\_\_\_\_ SERVICE
- \_\_\_\_\_ Haul, min charge 20'
- \_\_\_\_\_ LAUNCH, min charge 20'
- \_\_\_\_\_ STORAGE
- \_\_\_\_\_ Bottom Cleaning
- \_\_\_\_\_ Transport boat to TMI
- \_\_\_\_\_ Mast de-rigging & rigging
- \_\_\_\_\_ Mast storage
- \_\_\_\_\_ Cradle Rental
- \_\_\_\_\_ Install Winter Cover
- \_\_\_\_\_ Inside Cold - Cover with Visqueen
- \_\_\_\_\_ Inspect sails, fold & store
- \_\_\_\_\_ Store Outboard motor
- \_\_\_\_\_ Pump Out holding Tanks
- \_\_\_\_\_ Battery Storage with Charging
- \_\_\_\_\_ Other \_\_\_\_\_

- \_\_\_\_\_ ENGINE
- \_\_\_\_\_ Change Oil & Filters
- \_\_\_\_\_ Change Fuel Filters
- \_\_\_\_\_ Change Raw Water Impeller
- \_\_\_\_\_ Change gear lube
- \_\_\_\_\_ Top Off Fuel Tank
- \_\_\_\_\_ Change Perm Antifreeze if needed
- \_\_\_\_\_ WINTERIZING
- \_\_\_\_\_ Winterize All Systems
- \_\_\_\_\_ Inboard(s)
- \_\_\_\_\_ Outboard(s)
- \_\_\_\_\_ Generator
- \_\_\_\_\_ Head(s)
- \_\_\_\_\_ Bilge Pump(s)
- \_\_\_\_\_ Water System
- \_\_\_\_\_ Air Conditioning
- \_\_\_\_\_ Refrigeration

I HEREBY AUTHORIZE THE SERVICES INDICATED ABOVE:

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature required (this signature also acknowledges terms on Page 2)

Mastercard / VISA / Discover card \*Authorization\*

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

**PAYMENT IS DUE WHEN INVOICED** (Will charge to card provided upon billing)

A 1-1/2% monthly (18% annually) service charge will be added to all invoices 30 days past due.

