EXMOUTH MARINA – BOOKING FORM

Owner Name: _____ DOB: _____ MODEL: _____
Company Name: _____ ABN/ACN _____
Mailing Address: _____State: _____Post Code: _____
Residential Address: _____State: _____Post Code: _____
Mobile/Telephone_____ Email: _____

Contact Details: Skipper ☐ Other ☐ _____
Name: _____DOB: _____MODEL:_____
Company Name: _____ABN/ACN _____
Mailing Address: _____State: _____Post Code: _____
Residential Address: _____State: _____ Post Code: _____
Mobile/Telephone: _____Email: _____

Invoiced to: Owner Skipper Other

Vessel Details Recreational Fishing (Commercial) Tourism (Commercial) Service
Unique Identifier/Registration No: _____ Vessel Name _____
Length Overall (metres) _____ Beam: _____ Draft: _____ Unleaded Diesel

Compliance and Insurance Details
Insurance Broker/Company _____Public Liability for $10 Million
Policy No: _____Expiry Date:____/___/_____ Policy or Certificate of Currency Supplied
Electrical Certificate Not Applicable or Certificate Number _____Issue Date:____/___/____
Gas Certificate Not Applicable or Certificate Number Issue Date: _____/____/_____
Copies of Certificates Supplied: Yes/No

Intended Term of Stay: 12 months 3 months or more month(s) ____week(s) ____day(s)
From: Date_____ Time _____am/pm To: Date _____Time _____ am/pm

Facility Services
Power: _____ Fuel: _____ kl Water: _____kl

Declaration
I authorise Exmouth Marina Pty Ltd to invoice me for the Vessel Fees which are payable in advance for the above nominated period of stay. I acknowledge that the account payment terms for all additional facility services are strictly 30 days from the date of invoice. I declare that I am aware of and will comply with the Terms and Conditions, Electrical, Gas and Insurance Requirements.

Name: _____ Signature: _____Date: ____/____/___

Office Use Only

Invoice Number: _____ Date: ____/____/____ Pen No: _____

Approved by: _____ Key Numbers (If Applicable) _____

AFTER COMPLETION PLEASE EMAIL alaina@raecapital.com.au