

MARINE ASSIST
ASSOCIATION, INC.



“The marine towing and salvage network specialists”
PO Box 128 Osprey, Fl. 34229 (866)-620-5151 (954) 862-5993 fax

VESSEL PICK UP ORDER / AUTHORIZATION

VESSEL DESCRIPTION:

Manufacturer _____ Year _____ Length _____ Width _____

Height _____ Color _____ Propulsion Type O/B I/B I/O SAIL NONE Hull ID # _____

Owner Name _____ Contact Number _____

Trailer _____ Pick up with boat? Yes No

Description of damage _____

OWNER OR AUTHORIZED AGENT REQUESTING SERVICE:

Name _____ Company _____

Contact Info _____

Claim Number _____ Lot / Stock # _____

PICK UP LOCATION

Address description _____

Contact information _____

Special instructions _____

DELIVERY LOCATION

Address Description _____

Contact information _____

CONTRACTOR INFORMATION

Marine Assist authorized vendor _____

Contact information _____

Vessel and/or equipment described above has been delivered satisfactorily to the delivery location listed here and accepted by person signing below. This sheet must be signed before vendor will be paid.

Signed _____ Print _____ Date _____