



## 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) \_\_\_\_\_