

Client Name		Name of Vessel		
Billing Address		Vessel Descri	Vessel Description	
City State 2	Zip	Marina	Slip#	
Email Address  Cell Phone #  Work Phone #		Home Phone	Home Phone #  Fax # (if you would like reports faxed to you)  Preferred method of contact?	
		Fax # (if you w		
		Preferred met		
	oat access your boat? (If you ne. If hidden key please indicate the		a office, please include the phone # to	
Please Circle the Lev First Mate Package	el of Service Requested:	Wise Captair	n Package	
1 Visit per month at	\$90 / monthly	_	onth at \$150 / monthly	
or	\$500 / 6 months	or	\$850 / 6 months	
	\$900 / year		\$1500 / year	
I,	owner of _		, hereby grant	
I, owner of Client Name YourNewBoat, LLC access to Wessel Name and Do month(s) for the purposes of providing information		Vessel Name and De	Vessel Name and Description	
YourNewBoat, LLC ac	Cess to	and Description	, times per month for a period of	
month(s) for the pu	urposes of providing informa	ation as to the well be	ing of said vessel. I acknowled	
			n the form of data and an opinion	
	n is made using my own jud			
-	•		s and do not substitute for/nor	
_	or surveyor's inspection. I	_		
	YourNewBoat while perform			
			e vessel or any component of the and/or subscription period.	
	be sent via email (unless other	_		
_	ided in a binder for keeping	_	a par format, a copy of each	
	ve read and understand the		act stated above.	
V				
Signature of Client		Date		