



ADRIATIQ
MARINA TRIBUNJ

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ORDER FORM

Date:		Nr: 2011 /		
ORDERER INFORMATIONS				
Name of customer:			Passport number:	
Copy of certificate? <input type="checkbox"/> yes <input type="checkbox"/> no	Tel. number: ()	Type of boat:	Length:	Beam :
Name of the boat:		Place of boat:		

TYPE OF SERVICE (OPERATION)					
Travel lift:					
<input type="checkbox"/> [lifting]	<input type="checkbox"/> lowering]	<input type="checkbox"/> cleaning with h.p.p.	<input type="checkbox"/> Towing in marina	<input type="checkbox"/> Towing out marina	<input type="checkbox"/> Mast <input type="checkbox"/> Fork lift
Other works:					
Analyzed by:	Date:	Stamp:	Signature:		
DATE OF COMPLETING:					
I confirm all the above service orders on my boat. I agree that the invoice must be paid within 8 days at the main reception in cash, by credit card or through transaction in the bank.					
Orderer :	Date:	Signature :			