

GERALDTON BOAT LIFTERS LIMITED

ABN: 83 114 584 342

Physical Address: 195 Connell Road, Geraldton WA 6530

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Mobile: 0477 939 770

**APPLICATION TO SLIP VESSEL**

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Do you have an account? <input type="checkbox"/> Y Account Name: _____			<input type="checkbox"/> N – Prepayment will apply – contact our office for more details		
Client's Details: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other:					
Full or Legal Name: _____					
Physical Address: _____				State: _____	Postcode: _____
Billing Address: _____				State: _____	Postcode: _____
Email Address: _____					
Phone No: _____		Mobile No: _____		Are you a GBL Shareholder <input type="checkbox"/> YES <input type="checkbox"/> NO	
Personal Details: <i>(please complete if you are an Individual):</i>					
Name: _____			D.O.B.: _____		Driver's Licence No: _____
Address: _____					
Business Details: <i>(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)</i>					
Trading Name: _____					
ABN: _____		ACN: _____		Date Established <i>(current owners)</i> : _____	
Contact Person: _____				Phone No. _____	
Nature of Business: _____					
VESSEL DETAILS: Vessel Name: _____					
Vessel Licence Number: _____			Hull Type: _____		
Vessel Length: _____		Vessel Beam: _____		Vessel Tonnage: _____	
First Lift (Out of Water) Date: _____			Return Lift (Into Water) Date: _____		
DOCKING/SLIPPING PLAN: Attached <input type="checkbox"/> YES <input type="checkbox"/> NO			Purchase Order # _____		
Power Cord Compliance: Screw fitting IP56 Weatherproof Plug & Socket only.					
Do you need to purchase a cord from GBL? <input type="checkbox"/> YES \$200 plus GST <input type="checkbox"/> NO Our cord complies with GBL requirements					
INSURANCE DETAILS Certificate of Currencies must be supplied with this application <input type="checkbox"/> Yes <input type="checkbox"/> No					
H & M – Insurer: _____			H & M Policy No: _____		
P & I – Insurer: _____			P & I Policy No: _____		

I am authorised to apply to Slip Vessel and certify that the above information is true and correct and, that I accept the supply of credit by GBL *(if applicable)*. I have read and understand the TERMS AND CONDITIONS TO SLIP VESSEL, TERMS AND CONDITIONS OF TRADE AND CONDITIONS OF YARD USE of Geraldton Boat Lifters Limited which form part of and are intended to be read in conjunction with this Application to Slip Vessel and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

SIGNED (CLIENT): _____ SIGNED (GBL): _____

Name: _____ Name: _____

Position: _____ Position: _____

Date: _____ Date: _____

OFFICE USE ONLY		
Account / Ref. No.	DATA INPUTTED	DATE
		/ /