

INQUIRY FORM

CONTACT INFO

Captain Owner Broker

Name: _____

Address: _____

Phone: _____ Fax: _____

Cell: _____

E-Mail: _____

YACHT INFO

Name: _____

Hull Number if no name: _____

Length overall (LOA): _____
(including ALL protrusions)

Beam overall (BOA): _____

Insured value in US\$: _____

VOYAGE INFO

From: _____

To: _____

Anticipated departure date: _____

TO BE COMPLETED BY DYT:

Voyage Code: _____

Tariff: _____

Prepayment: 5 months/20% 3 months/10% Other: _____

CONTRACT/INVOICE INFO

Name: _____

Address: _____

MAIL ADDRESS

same as in contact info

Name: _____

Address: _____

Phone: _____ Fax: _____

Cell: _____

E-Mail: _____

YACHT INFO

Draft: _____ Weight: _____

Builder: _____ Model: _____

Type: S/Y M/Y Cat Other _____

Does keel support the weight: Yes No

Flag: _____

LOADING CONTACT

Name: _____

Cell: _____

E-Mail: _____

UNLOADING CONTACT

Name: _____

Cell: _____

E-Mail: _____

QUOTATIONS:

BOOKINGS: