

# PROPELLER REPAIR FORM



Date:

BILL TO:	
Customer Name	
Company Name	
Address	
City	
Phone #	
Fax #	
Email	
Cell	

SHIP TO: <i>(if different than billing)</i>	
Customer Name	
Company Name	
Address	
City	
Phone #	
Fax #	
Email	
Cell	

Prop specs	Serial # on hub	Prop type <i>(Offshore or Bravo)</i>	Description of work to be performed

Boat Information	<i>*preferred, but not required/ additional info for our technicians</i>	
Boat make/ model/ year:		<b>Ship propellers to:</b> Hering Propellers 4806 56 <sup>th</sup> Place NE #4E Marysville, WA 98270 (360) 659-4315
Engine type (HP):		
Drive/ shaft info:		
(Extra) Notes:		

**\*\* PLEASE INCLUDE THIS FORM INSIDE THE PACKAGE WITH YOUR PROPELLER(S).**

***For Internal/Company Use Only***

ESTIMATE			
	Hours	Rate	Total
RH		\$135.00	\$
LH		\$135.00	\$
<b>TOTALS</b>		<b>\$135.00</b>	<b>\$</b>