

SELF STORAGE AGREEMENT

*****PLEASE COMPLETE ALL "7 SECTIONS" (IN ORANGE), TOGETHER WITH "SECTION 9" (OVER PAGE) FOR ADDITIONAL AUTHORISED PERSONS & "INSURANCE APPLICATION" IF REQUIRED*****

Storage Type: Personal Business Agreement No: _____
Storage From: _____ Storage To: _____ and Unit No: _____
automatically continues monthly until **14 days notice** is given by either party. Pin Code: _____ #

1 AUTO PAYMENT DETAILS

Card Type M/Card Visa Amex Exp. _____ CVV _____
Name on Card _____ Debit Frequency MTH
Card Number _____ - _____ - _____ - _____ QTR 6 MTH YR

2 YOUR DETAILS

Company Name _____ ABN _____
First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Address _____ Suburb _____ State _____ Post Code _____
Phone _____ Email _____
IF MOVING - New Address _____

3 YOUR PHOTO ID

Drivers Licence / I.D No. _____ Expiry Date _____ D.O.B _____ ID Scanned
Vehicle Make / Model _____ Colour _____ Rego _____

4 AN EMERGENCY CONTACT PERSON *(If we cannot get hold of you)*

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Do you wish this person to have access to your unit ? No Yes *If yes, please complete item 9 over page "PTO"*

5 PERSONS AUTHORISED ACCESS TO YOUR UNIT

Do you wish to authorise **other** persons to access your unit e.g. family, friends, business associates etc? No
If YES, please complete item 9 on the reverse of this page. "PTO" Yes

6 INSURANCE? *(Please complete "Insurance Application" form)*

Approximate value of goods being stored? \$ _____ @ \$2.50 per \$1,000 per Month = \$ _____ Policy No. _____

I Accept Insurance facilitated by the FO as detailed in the separate insurance agreement. The insurance level I have chosen is adequate for the goods stored.

I Decline Insurance facilitated by the FO and elect to self-insure and take the risk.

Accept Insurance

Decline Insurance

7 YOUR ACCEPTANCE

The Storer acknowledges that the details completed on this page are correct and agrees to be bound by the Conditions of Agreement document.

Your Signature _____
Date of Agreement _____
Our Signature _____

8 YOUR STORAGE COSTS

	Fees
Monthly Storage Charge	Late Payment Fee, 5 days overdue \$15.00
Monthly Insurance Premium	
Other Charges	A/Hours Security Call Out Fee \$160.00
TOTAL MONTHLY CHARGES	

9 LIST OF AUTHORISED PERSONS

I/We authorise the following persons to have access to our storage unit(s) and provide identification and contact details for each person below. We will need photo ID for each person ASAP, in order to provide access codes, which can be scanned in person, or emailed to us.

PERSON 1

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Licence No. _____ Expiry _____ D.O.B _____

PERSON 2

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Licence No. _____ Expiry _____ D.O.B _____

PERSON 3

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Licence No. _____ Expiry _____ D.O.B _____

PERSON 4

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Licence No. _____ Expiry _____ D.O.B _____

PERSON 5

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Licence No. _____ Expiry _____ D.O.B _____

PERSON 6

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Licence No. _____ Expiry _____ D.O.B _____

PERSON 7

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Licence No. _____ Expiry _____ D.O.B _____

PERSON 8

ID Scanned

First Name _____ Surname _____ (Miss / Ms / Mrs / Mr)
Phone _____ Email _____
Licence No. _____ Expiry _____ D.O.B _____

 Storer Signature _____