



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/ICard Visa Amex Exp. _____ CVV _____
 Name on Card _____ Debit Frequency
 Card Number _____ - _____ - _____ - _____

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? Yes No 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? \$ _____ @ \$2.00 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 _____