



STORAGE AGREEMENT

Customer Name: _____

I wish to accept your offer to store furniture and/or effects on my behalf in your storage facilities at:.....

I hereby declare that I have read and accept the conditions of storage attached to this agreement _____(initial)

I also understand I will receive a copy of the inventory of my effects, compiled on pickup of the goods from my residence duly endorsed by me and the Representative of Conroy Removals Ltd on site. I understand that this will constitute receipt of my effects into Conroy Removals Ltd Store.

Payment

I agree to the weekly storage charge of \$.....and I wish to pay the monthly account as follows:

Automatic payment Credit Card

Card No. **Exp date:**

Name on Card.....

Insurance (Please initial the appropriate paragraph)

- a) I require my furniture and effects to be insured at a premium rate of 60 cents per thousand dollars of value per week, for a total value of \$..... (initial)
- b) I do not require my effects to be insured and agree to relieve Conroy Removals Ltd from all liability ensuing from the effects remaining uninsured. _____(initial)

Agent (if required)

I duly authoriseof..... to act on my behalf as agent in this matter from...../...../.....until such time as we advise in writing to the contrary. _____(initial)

Address

I agree that I may be served any notice or account in respect of actions pertaining to this agreement, or any other actions you may undertake on my behalf, at the following address, or at any new address of which I may subsequently notify you in writing. I undertake to keep Conroy Removals Ltd informed of such changes of address as they occur.

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.....
.....

Tel.....

Removal from Storage

Goods will be released from storage only on the written authority of the person storing the goods, or a designated agent of that person. Requests for release (or letters of agency) must be signed by the person whose specimen signature appears below.

Signature.....

Date.....