[insert facility logo]

STANDARD SELF STORAGE LICENCE AGREEMENT ©



released by the FO to Store	Storer's signature:
I/we consent to the FO undertaking a search of my/our details against the Storer Check Phy I to database or with any credit reporting agency, and to my/our details and personal	overleaf:
CREDIT CHECK AND REPORTING CONSENT (CROSS OUT IF NO CONSENT GIVEN)	to be bound by the terms of this agreement on thi
Storer's Signature:	PLEASE READ CONDITIONS OVERLEAF CAREFULLY AS BY SIGNING THIS AGREEMENT YOU WILL BE BOUND BY THEM
I/We acknowledge that these main points have been drawn to my/our attention	Storer's Signature:
	d
do not remove your g	insured with any insurance broker or insurance company. If We are "self-insuring" and 'taking the risk of loss to any goods stored.
 The FO has the right to enter the Space in certain circumstances (clauses 17, 18, 19 & 20). 	or insurance company who is
 The FO has the right to refuse access if all fees are not paid promptly (clause 6). 	d in the Space insured wi
any sale proceeds the amounts you owe to the FO (clause 20).	be stored, as further detailed in the separate insurance agreement entered.
If you fail to comply with this agreement the FO will have certain rights, including for the Deposit and the light to collidings of your goods and deduct from the control of the Deposit and the light to collidings of your goods and deduct from the control of the Deposit and the light to collidings of your goods and deduct from the control of the Deposit and the light to collidings of your goods and deduct from the control of the Deposit and the light to collidings of the Deposit and the Dep	INSURANCE (CROSS OUT AS APPLICABLE)
 You must notify the FO of all changes of contact details. If the FO cannot communicate with you it may communicate with the ACP. 	All Fees include GST, except the Deposit in the event it is refundable.
The Space is only accessible during set access hours (clause 5.a).	Total \$
 You must ensure the goods are dry, clean and free from vermin and food scraps when placed in the Space (clause 5.f). 	Fee for any cheque returned unpaid \$plus Bank Fee \$
harmful or explosive goods (clause 5.c).	<i>4</i> 5
 All payments are to be made in advance by you (clause 4.a). You must not store hazardous, dangerous, illegal, stolen, perishable, environmentally 	Fee
, a)	
 The only service provided to you, the Storer, by the FO is a licence to use a space provided by the FO for the sole purpose of storing goods. No other goods or services 	÷
You are responsible for any third party you allow onto the Facility (clause 15).	008/Offer \$
any reason) on giving the specified days' notice (clause 21.a).	A 6
insurance broker and ensure you have adequate insurance cover. After the Storage Beried specified you or the EO may terminate this agreement (for	A 1000
	e: Reasonable costs incurred
 Goods are stored at your risk and are not insured by the FO. To the extent normitted by law the FO is excluded from all liability for the loss of any goods 	week / fortnight / calendar
ŝ	Space Deposit (if applicable) \$
MAIN POINTS (SEE OVER)	STORAGE COSTS
n extended automatically untildays' notice is given by either party.	Storage Period: From
Space:	STORAGE DETAILS AND TEMINATION NOTICE Facility:
or contact numbers, or those of your ACF, change.	You must advise us immediately if your address
Caseller	
etome	
Marketing Source: YP – REF – PAS – PREV GOOGLE – INT – OTHER:	PHONE: Home:Work:Work:
Postcode:	Home Address:
Surname:	Alternate Contact Person ("ACP"): Ms/Mrs/Mr:First Name:
Driver License No:	VEHICLE DETAILS Make:Reg No: Colour.
	711111111111111111111111111111111111111
at except where required by law, ☐ Yes edge that it is my/our obligation	consent to receiving all correspondence and notices from otices or correspondence will be sent by traditional mail o date the FO of any change to my/our email address.
SMS to the mobile number above: ☐ Yes ☐ No	consent to receiving correspondence from this Facility by
	Fax No: Email:
Mobile:	PHONE: Home: Work:
Postcode:	Postal Address:
Postcode:	Home /Business Address:
Cullalic	Individual/Contact person, wis / wiis / wii. Flist Natilie.
Currame:	porops Mo / Mrs / Mrs
Company name field blank.)	TAILS ("Storer"): space for individuals. If an individual, leave
r none, maen, h	
	AGREEMENT NO:

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