

## LANDFORD SELF STORAGE LICENCE AGREEMENT

### CUSTOMER DETAILS

Title:	<input type="text"/>	Alternative Contact Details:	
First name:	<input type="text"/>	First name:	<input type="text"/>
Surname:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>
Mobile:	<input type="text"/>	For Site Security please provide your Vehicle (s) details, these will not be passed on to any other party	
Email:	<input type="text"/>	Vehicle Reg:	<input type="text"/>
D.O.B:	<input type="text"/>	Vehicle Make:	<input type="text"/>
ID Provided:	<input type="text"/>	Vehicle Colour:	<input type="text"/>
ID Number:	<input type="text"/>	LSS	Checked: <input type="checkbox"/>

### ACCESS TO THE UNIT

T&C 2,3

**LANDFORD SELF STORAGE** reserves the right from time to time to make changes to regulations regarding the hours of access, general management and security of the complex of which the unit forms a part and I agree to observe and abide by such regulations. Only yourself and those people named below may have access to the unit.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### OWNERSHIP OF GOODS

T&C 7,8,9

I warrant that the value of the goods stored will not exceed a true total new replacement value of £

Please tick appropriate box below:

I certify that I am the legal owner of the goods to be stored ☐

Initial:

I certify that I have the owner's permission to store the goods and that I have notified them that the goods will be stored at **LANDFORD SELF STORAGE**. I have included the owner's details in the Alternative Contact Details section above ☐

Nature of goods being stored:

I confirm that I will not store any prohibited goods in my unit at **LANDFORD SELF STORAGE**

Initial:

## INSURANCE

T&C 21

I understand that while my goods are in storage at **LANDFORD SELF STORAGE** they must be covered by a policy of insurance for their full replacement value.

Initial:

I understand and agree that **LANDFORD SELF STORAGE** is not liable for any loss or damage to the goods stored by me, even if that damage is due to the fault of **LANDFORD SELF STORAGE** and that **LANDFORD SELF STORAGE** is not liable for any consequential loss incurred by me. I confirm I have read and agreed to Condition 21 supplied. It is a term of this contract that the goods are insured by you for Normal Perils as defined in clause 21.4. Please note that most household insurance policies do not adequately cover the risk of loss or damage to goods stored away from your home.

Initial:

I will arrange my own insurance and I will provide a letter from my insurer confirming cover. I warrant that the goods are not worth more than the total true new replacement value on page one.

Initial:

## NOTIFICATION OF LOSS OR DAMAGE

T&C 4

I agree to advise **LANDFORD SELF STORAGE** immediately upon discovering any loss or damage to the goods or unit and in any event no later than at the time of removing the goods from storage.

Initial:

## NON-EXCLUSIVE POSSESSION

T&C 4,12

I undertake to keep the storage unit secured at all times with a padlock when I am not in the unit and I understand that this licence does not give me exclusive possession of the unit.

Initial:

## KEY HOLDING (OPTIONAL)

T&C 4

I authorise **LANDFORD SELF STORAGE** to keep the keys to my storage unit and I indemnify the company and its employees against any loss should any item be stolen from the storage unit through unauthorised use of the keys. I agree that **LANDFORD SELF STORAGE** may charge for the key holding service in accordance with the published rates.

Initial:

## ACCEPTANCE OF DELIVERIES AND COLLECTIONS (OPTIONAL)

T&C 5

I authorise **LANDFORD SELF STORAGE** to accept packages unchecked on my behalf and I indemnify the company and its employees. I authorise **LANDFORD SELF STORAGE** to hold items for collection on my behalf and I indemnify the company and its employees against any loss or shortages from items so left. I agree that **LANDFORD SELF STORAGE** may charge for the key holding service in accordance with an agreed rate.

Initial:

## FIRE AND SECURITY

T&C 11

I agree to abide by any security rules that are advised to me by the Manager. I confirm that I have had the fire escape routes demonstrated to me.

Initial:

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## PAYMENT METHOD

Paying by cash ☐

Paying by cheque ☐

Paying by standing order ☐

**LANDFORD SELF STORAGE** standing order information:

Account No:

Sort code:

Reference: Please use your surname and postcode i.e

**Surname-Postcode**

Storage: £     -

Insurance: £     -

Keys: £     -

Deliveries: £     -

Deposit: £     -

Other: £     -

**Total:** £     -

ID Provided:

Units allocated:

Start Date:   -   -

Finish Date:   -   -

Notes:

## LANDFORD SELF STORAGE USE ONLY

Move In:

- |  |  |
|--|--|
| <input type="checkbox"/> Licence checked and complete  | <input type="checkbox"/> Vacate questionnaire checked and completed  |
| <input type="checkbox"/> Add Job   | <input type="checkbox"/> Add exit date to Outlook  |
| <input type="checkbox"/> Input Start Date into Outlook   | <input type="checkbox"/> Check for damage  |
| <input type="checkbox"/> Change Unit Status  | <input type="checkbox"/> Clean out unit  |
| <input type="checkbox"/> Create Initial Invoice  | <input type="checkbox"/> Secure with lock  |
| <input type="checkbox"/> Deposit taken   | <input type="checkbox"/> Value of uncleared cheques  |
| <input type="checkbox"/> Deposit value £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | <input type="checkbox"/> Deposit refunded £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>  |
| <input type="checkbox"/> Take payment from customer  | <input type="checkbox"/> Value of invoices due   |
|  | <input type="checkbox"/> Change unit status  |
|  | <input type="checkbox"/> Value of refund cheque  |
|  | <input type="checkbox"/> Refund cheque number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Move Out:

Notes: