

HRH # _____ Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Tel # _____ Cell : _____

E-mail _____

2016-2017 FEE SCHEDULE

- AUTOMOBILE: MONTHLY - \$250.00 PER MONTH - Access during business hours - 24 hour notice
- AUTOMOBILE: WINTER SEASON - \$1200 – Any 5 months October thru May - No Access 11/1 thru 4/1.

Must provide 1 WEEK NOTICE for pick-up 4/1 - 5/1

- AUTOMOBILE ON RACE TRAILER: \$375.00 PER MONTH – Access for Driving Season - 24 hour notice
- MOTORCYCLE - \$125 PER MONTH– Access for riding season Monday thru Friday
- OUTDOOR TRAILER / RV / BOAT ON TRAILER: \$8.00 PER FT PER MONTH– SEASONAL ACCESS
- FUEL PRESERVATION / OCTANE BOOSTER - \$15.00 per treatment - (keep fuel octane level - 1 year)
- AUTO HAND DETAILING / WAX / INTERIOR DETAIL - \$150_____ MACHINE COMPOUND - \$50 PER HOUR
- MISC: _____

PICK-UP DELIVERY SERVICE CONCIERGE SERVICE TO YOUR CHOICE OF SHOP / HOME / TRACK
(Enclosed Trailer / Flat Bed) _____ \$85.00 flat rate + \$4.50 per mile one-way _____ fuel surcharge _____ tolls

Year / Make / Model _____

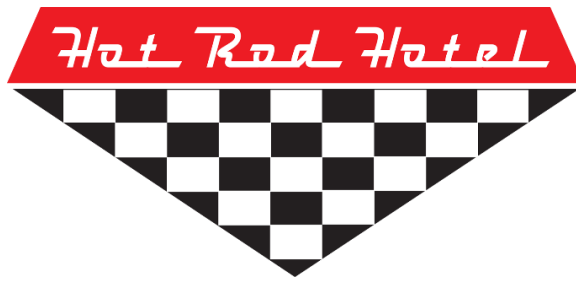
V.I.N. # _____ Plate # _____

Insurance Carrier / Policy _____ (Keep copy on file)

Driver's License # _____ (Keep copy on file)

Boat -RV Length _____ Trailer License Plate # (If Applicable) _____

We highly recommend winterization of all Boats / RV's prior to Winter Storage



HRH # _____

Authorized Person(s) Who May Claim This Vehicle / Vessel: _____

Estimated length of visit _____

Storage Cover with Auto / Boat / RV / Motorcycle _____

[] Pictures Taken Yes No - File Name _____

Exterior / Interior Condition

Please take a moment to check off any service that you would like performed during your stay with us. We will always provide a written estimate to be approved before any work is ever started.

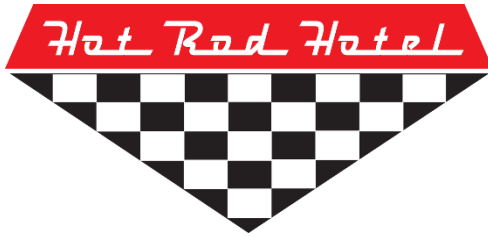
- Fluid Leaks - Eversoak Fluid Sorbent Pads (fire retardant) are used for any drive train fluid leaks at a charge to the customer - 28" X 24" pads
- Interior mold-mildew absorption pads
- Custom Storage Cover ordered.
- Wash / Detailing before long term stay Wash / Detailing after long term stay (3 days notice)
- Engine Detailing
- Undercarriage Detailing
- Fuel Preservation-Octane Booster Treatment - will keep fresh gas stable up to 3 years
- Check-up (check fluids, tires, safety check after a long visit with us)

- Valet Service(s) during your stay - We will gladly assist in your "To Do" list of services that need to be performed while under our care.

Customer Name: _____

Customer Signature: _____

Date: _____



28 REYNOLDS LANE | BUCHANAN | NY 10511
PH: 914-788-8800 FAX: 914-788-8810 TOLL FREE: 888-486-9555

STORAGE TERMS

Monthly Seasonal _____ months guaranteed

\$ _____ Rate x _____ Ft = \$ _____

DELIVERY/PICK-UP CHARGE \$ _____

MISC. _____ \$ _____

SUB-TOTAL \$ _____

Tax 7.375%: \$ _____

TOTAL DUE \$ _____

RECEIVED \$ _____

Balance Due \$ _____

PAYMENTS

Cash Check # _____ Credit Card Auto Monthly Charge

Please make checks payable to **SAFE MANAGEMENT, LLC**

All seasonal contracts require a 50% payment upon signing and balance due before January 31st. All outstanding balances will accrue a 1.5% monthly service charge. There is a \$25.00 charge on all returned checks. The liability, if any, of Safe Management, LLC, for damages allegedly sustained to the owner's property while in storage, or being removed therefrom by an employee of Safe Management, LLC shall not be more than the provable sum of Twenty Thousand dollars. We cannot be responsible for any damages or theft of any outdoor storage of boats, trailers, RV's , jet skis, cars or motorcycles.

Our daily rate for vehicles / vessels remaining on premise past the storage maturity date is \$25.00.

I have read and agree to all of the above terms. I understand there will be an additional charge if my vessel / vehicle remains in storage past the contract date. I also understand I must maintain full liability / comprehensive insurance coverage on my vessel / vehicle while it is being stored by Safe Management LLC. Absolutely no other repair work may be done on our premises by any other persons except those authorized by Safe Management LLC.

I have received a copy of this contract as a receipt. Please initial _____

Signature of owner / Representative _____ Date _____

Safe Management LLC. Representative _____ Date _____

Safe Management LLC.
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (to be completed by merchant)

Customer name: _____ Customer account number: _____ Phone: _____

Payment Information (To be completed by merchant)

I authorize Safe Management LLC. to automatically bill the card listed below as specified:

Amounts _____ Frequency: Weekly Bi-Weekly Semi-Monthly Monthly
 Quarterly Semi-Annually Annually (Check only one)

Start billing on: ____ / ____ / ____ End billing when: Contract expires: ____ / ____ / ____
 Customer provides written cancellation

Credit Card information (To be completed by customer)

Safe Management LLC. accepts the following credit cards: MasterCard, Discover, American Express, Visa

Credit card type: _____ Credit card number: _____ Expires: _____ / _____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(as shown on credit card) (from credit card billing address)

Customer's signature: _____ Date: _____