



HRH # _____

Name: _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Tel #: _____ Cell #: _____

E-mail: _____

2022-2023 FEE SCHEDULE

- AUTOMOBILE: MONTHLY - \$285 PER MONTH - Access during business hours - 24 hour notice
- AUTOMOBILE: WINTER SEASON - \$1,350 – Any 5 months October thru May – 5 MONTH MINIMUM
No Access 11/1 thru 04/1 - Must provide 1 WEEK NOTICE for pick-up 04/01 – 04/30
- AUTOMOBILE ON RACE TRAILER: \$400 PER MONTH – Access for Driving Season - 24 hour notice
- MOTORCYCLE - \$125 PER MONTH– Access for Riding Season - 24 hour notice
- OUTDOOR TRAILER / RV / BOAT ON TRAILER: \$8.00 PER FT PER MONTH – SEASONAL ACCESS
- INDOOR TRAILER / RV / BOAT ON TRAILER: \$15.00 PER FT PER MONTH – **No Access 11/1 thru 04/1**

WE HIGHLY RECOMMEND WINTERIZATION OF ALL BOATS / RV's PRIOR TO WINTER STORAGE

- AUTO HAND DETAILING / WAX / INTERIOR DETAIL - \$150 and up
- AUTO HAND WASH / VACUUM / SPEED SHINE - \$50 and up
- MACHINE COMPOUND - \$50 PER HOUR
- PICK-UP DELIVERY SERVICE CONCIERGE SERVICE TO YOUR CHOICE OF SHOP / HOME / TRACK
(Enclosed Trailer / Flat Bed) _____ \$85.00 flat rate + \$5.00 per mile one-way _____ fuel surcharge _____ tolls

Year / Make / Model: _____ Color: _____

V.I.N. # _____ Plate # _____

Insurance Carrier / Policy _____ (Keep copy on file)

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

Authorized Person(s) Who May Claim This Vehicle/Vessel (In Case of Emergency ONLY): _____

Boat -RV Length _____ Storage Cover with Auto / Boat / RV / Motorcycle _____



28 REYNOLDS LANE | BUCHANAN | NY 10511
PH: (914) 788-8800 FAX: (914) 788-8810

STORAGE TERMS

Monthly Seasonal _____ months guaranteed

\$ _____ Rate x _____ Ft = \$ _____

DELIVERY/PICK-UP CHARGE \$ _____

MISC. _____ \$ _____

SUB-TOTAL \$ _____

Tax 8.375%: \$ _____

TOTAL DUE \$ _____

RECEIVED \$ _____

Balance Due \$ _____

PAYMENT:

Cash **Check #** **Credit Card** **Auto Monthly Charge**

Please make checks payable to SAFE MANAGEMENT, LLC

All outstanding balances will accrue a 1.5% monthly service charge after 90 days. There is a \$25.00 charge on all returned checks.

The liability, if any, of Hot Rod Hotel / Safe Management, LLC, for damages or loss allegedly sustained to the owner's property while in storage, or being removed therefrom by an employee of Hot Rod Hotel / Safe Management, LLC shall be limited by our Garage Keepers Liability Insurance to the maximum limit available per occurrence of Two Thousand Five Hundred (\$2,500.00) Dollars. We cannot be responsible for any damages or theft of any outdoor storage of boats, trailers, RV's, jet skis, cars or motorcycles.

To the fullest extent permitted by law, Customer/Owner agrees to indemnify, defend and hold harmless Hot Rod Hotel / Safe Management, LLC from any and all claims, suits, damages, liabilities, professional fees including attorney's fees, costs, court costs, expenses and disbursements related to death, personal injuries or property damage (including loss of use thereof) in excess of the aforementioned Two Thousand Five Hundred (\$2,500.00) Dollar limit of liability arising out of or in connection with this agreement.

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 Hot Rod Hotel / Safe Management LLC.** Absolutely no repair work may be done on our premises by any persons except those authorized by Hot Rod Hotel / Safe Management.

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

BOATS ONLY:

Quarterly Semi-Annually Annually (Check only one)

Start billing on: ____/____/____ End billing when: [] Contract expires: ____/____/____

[] Customer provides written or oral 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:
