



GIBBONS MINI STORAGE

5120 41st, Gibbons Ab, TOA 1A0

PHONE: (780) 271-0469

MINI STORAGE CONTRACT

Name: _____ SIN: _____

Street: _____ D/L: _____

City: _____ Province: _____ Postal Code: _____ Email: _____

Hm Phone: _____ Cell: _____ Wk Phone: _____

Employment Information

Employer Name: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Business Phone: _____

Emergency Contact

Name: _____

Street: _____ Email: _____

City: _____ Province: _____ Postal Code: _____

Hm Phone: _____ Cell: _____ Wk Phone: _____

Names of persons or entities holding liens or security interests in any of the property to be stored:

Unit #: _____ Approx Size: _____ Monthly Rate \$ _____ (Including GST)

Storage payment and deposit will be forfeited if client fails to fulfill the terms of this contract.

Terms of _____ month(s), commencing _____, 20____; ending _____, 20____ at \$ _____ per month

Pro-rate of \$ _____, for the period of _____, 20____ to _____, 20____

Special Terms: _____	Pro Rate	\$ _____
	Monthly Fee	\$ _____
	Accessories	\$ _____
	Subtotal	\$ _____
	GST	\$ _____
	Deposit	\$ _____
	Total	\$ _____

Client acknowledges that he or she has read and understands all of the terms and conditions on the attached pages forming part of this agreement, which constitutes the substantive portions of this storage agreement, and have receives satisfactory answers to any questions client had to such terms and conditions, and does fully agree to such terms and conditions.

Client Signature: _____ Date: _____

RENT DUE ON THE 1st OF MONTH – NO STATEMENT WILL BE SENT