

Seasonal Storage Solutions

A Gryphon Partners Company

Managing Partner: Glenn Griffin

seasonalstoragesolutions@gmail.com or glenngriffin64@gmail.com

608-370-0617 cell/text or 608-316-7403 farm/office

Winter Indoor Storage Contract

The undersigned agrees to store the following equipment with Seasonal Storage Solutions through April 30, 2018 for the sum of \$ _____ (including sales tax)

Year _____ Make & Type of Equipment _____ Color _____

Registration No. _____ Serial No. _____

Engine make & Model _____ License # of trailer _____

Trailer: mandatory (yes) _____ Length _____

If customer requires the equipment removed from storage before March 1, 2018 a time/material charge may apply if we have to remove snow in order to open up the building. This charge covers staff time, snow and ice removal, etc. Seasonal Storage Solutions will not be responsible for any loss not limited to: fire, tornado, straight line winds, building collapse, theft, vandalism, rodents, mold/mildew or acts of nature.

Equipment Owner's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

If the above equipment is not picked up by May 7, 2018 additional storage charges may accrue at the rate of \$28.00/week or \$4.00/day. All applicable fees must be paid upon receipt of item for storage. All accrued additional fees must be paid prior to release of equipment. **All equipment stored must be properly winterized.** Seasonal Storage Solutions has no liability for damage to equipment due to temperature extremes. **Seasonal Storage Solutions is not responsible for loss or damage to any stored items: cars, trucks, tractors, boats, motors, golf carts, motorcycles, trailers or articles left in or on stored items in case of fire, theft, accident, freezing, mold & rodents. It being understood, that the equipment owner will carry such insurance as he/she desires for his/her protection. Item stored must be insured by owner.**

Signature Storage Item Owner: _____ Date _____

Signature of person who dropped item off for storage: _____ Date _____

Managing Partner (s): _____ Date _____

Checks payable & mailed to following address: Gryphon Partners LLC
8410 County Road Y
Sauk City, WI 53583

Sign Out: _____