

# Seasonal Storage Solutions

A Gryphon Partners Company

Managing Partner: Glenn Griffin

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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 27, 2019 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, 2019 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 4th, 2019 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: \_\_\_\_\_