

Seasonal Storage Solutions

A Gryphon Partners Company

Managing Partner: Glenn Griffin

seasonalstoragesolutions@gmail.com or glenngriffin64@gmail.com

608-370-0617 cell/text or 608-316-6105 office

Winter Indoor Storage Contract

The undersigned agrees to store the following equipment with Seasonal Storage Solutions through May 1, 2021 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 _____

Total Paid \$ _____

If customer requires the equipment removed from storage before March 30, 2021 a time/material charge may apply. 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 1, 2021 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