

Safe-T-Storage

Space being leased _____

Term

- This lease shall commence on _____, 20____ and continue until terminated as provided.

Rent

- The amount of \$_____ shall be paid every month on or before the 1st day of each month. If rent is received more than 15 days late, a \$10.00 late fee will be applied for each occurrence. All bounced checks will have a \$30.00 fee applied to account.

Default

- In the event, you the tenant, fails to pay the rent due under this Agreement, the Landlord may deny access until paid in full. Whenever rent is mor than 30 days in arrears the landlord may remove any property in storage space and relet the space to a new tenant. The Landlord shall have a lien on any property placed in storage space and shall have the right to sell the property at public or private sale or as provided by law.

Use

- The tenant shall not keep in the storage space any explosive, inflammable, hazardous or illegal substances or animals or pets. Tenant shall not assign or sublet the storage space. Tenant shall abide by the rules and regulations of facility. The Landlord shall have the right to enter the storage space for inspections or repairs. The Tenant shall make no alterations to storage space without written consent of the Landlord.

Liability

- This Agreement is made on the express condition that, while the Landlord shall exercise reasonable care in the operation of premises, the Landlord shall not be liable for any loss or damage to tenant or belongings. In the event the premises are damaged and are rendered untenable, either party may cancel this agreement.

Termination

- This Agreement may be terminated by either party upon the giving of notice 5 days before the end of the month, the unit must available as of the first of the following month.

IN WITNESS WHEREOF, the parties have executed this lease the _____ day of _____, 20__

LANDLORD _____ date _____ TENANT _____ date _____

Occupant _____ Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

Check one: Begin Payment Change Information

I(we) _____ hereby authorize Safe-T-Storage to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all United States law and applicable law.

Depository Name: _____

Routing Number:

Account Number:

Name(s) on the Account: _____

Date(s) and/or frequency of debit(s): _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Safe-T-Storage, in writing or phone that I (we) wish to revoke this authorization. I (we) _____ understand that Safe-T-Storage requires at least 5 days prior notice in order to cancel this authorization.

Name(s): _____

(Please Print)

Date: " _____ Signature(s): _____

NOTE: WRITTEN CREDIT AND DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.