

# CAV Application for Storage

To: Classic Auto Vault

I, ..... (Print name in full),

of ..... (Print address),

in the State of .....Postcode.....

Drivers License Numbers is .....

hereby apply for the storage of my car

.....(Year, make and model)

.....(Registered Number )

or

..... (Chassis and engine number if unregistered)

I have read and understood both the "Offer" made by Classic Auto Vault made for the use of its Classic Auto Vault and the Terms and Conditions also contained herein and agree to accept the same.

I will require storage from ..... (Date) .....to ..... (Date) .....both inclusive,

and enclose my cheque for \$..... being payment for the first month's storage.

I declare that the vehicle referred to above is currently insured as required by the Terms and Conditions for storage, that I have advised my insurance company that this vehicle will be stored at the Classic Auto Vault Bayswater premise. I acknowledge that I am storing the vehicle at this premise at all times at my own risk.

I understand that I need to contact you to arrange times both to deliver my vehicle and for access to it.

Yours faithfully

Signed:

Print Name.....

Date.....