

St	toring.co	m
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Customer Account Ref:							
Job No:							OFF ONL
Elected contact Please give details of a per that you should become un must have your written per permission to give us their should the situation arise.	son, res reachat mission	ole for v to acce	vhateve ess you	r reaso r storag	n. This je and y	Elected ou mus	Contact at have their
Mrs/Miss/Ms/Mr/Othe	er						
First Name							
Last Name							
Address							
Postcode							
Preferred Contact No.							
Home Telephone No.							
Mobile No							
Work Telephone No							
Email** (please enter an	email a	ddress 1	that is c	hecked	l regula	rly)	
Email Mobile Mobile Unit(s) Size Please indicate the size	1	ne pho ınit(s)			ork ph	one _	
Collection Date)						
Please state your pref	erred	collec	tion da	ate:			
Please note collections and on weekdays only.	deliverie	es are b	etween	7.00an	n and 1	2noon	
Storage Duration	on						
Please state your anti	cipate	d out	of stor	e date	e or st	orage	term.
	ane l	Unit	(s)				
Access to Stora	ago i						
Access to Stora		ur sto	rage ι	ınit(s)'	? Yes	s 🔲	No
	s to yo		_				

Company Name (If applicable)
Mrs/Miss/Ms/Mr/Other
First Name
Last Name
Address
Postcode
Preferred Contact No
Home Telephone No
Mobile No.
Work Telephone No
Email** (please enter an email address that is checked regularly)
Which is their preferred method of contact?
Email Mobile Home phone Work phone
By providing the details required in this form you give your informed consent to opt-in under our Privacy Policy.
Invoice Address and Details Is your invoice address the same as your contact address? Yes No Address
Postcode
Email (please enter an email address that is checked regularly)
Preferred Contact No
All invoices will be delivered by email only to the email address you have provided in the Account Holder Details above unless you have specified otherwise.
Collection Address
Will you be delivering your storage items yourself?** Yes \(\text{No} \)
Is the collection address the same as your contact address?
Yes No No
Address
Doctoodo
Postcode
Email Preferred Contact No
Contact Name.
CONTROL INCINC.

Collection charges are calculated in respect of length of storage period, geographic location and size of storage unit.



Booking Form

Customer Account Ref:				
Job No:				OFFICI

Inventory

Enter the details of all your storage items. Please be accurate with the information you provide, as this will form the basis of any insurance claims that might arise. Please note that where you **do not** declare a value for your items on this storage booking form, you accept that our liability for each item in the event of loss of or damage to your goods caused by negligence or breach of contract on our part, is limited to £40.

If you wish to declare a value for your goods in order to increase our liability under these terms, this will be charged at a rate of $\mathfrak{L}1.80$ per week per $\mathfrak{L}1000$ of declared value for the goods in storage ("Declared Value Charge"). This rate may be reviewed from time to time and you will be advised of any increase in writing. The Declared Value Charge will be added to your invoice along with the storage charges.

» Please see our terms and conditions for further details

Additional Information

Household items come in various sizes and methods of construction. Please give as much information as possible and try to specify the storage details for each item, e.g. stacked or flat packed, fragile?

Details to bear in mind:

Beds Size, divan or slatted, mattress included?

Sofas 2 or 3 seater inc approximate lengths. Can be stored vertically?

Chairs Can they be stacked or are they foldable?

Tables Approximate sizes, Construction – wood, glass, metal. Can it be dismantled, folded or legs removed?

Boxes Please state the box sizes and contents – Glassware, kitchen equipment, clothes, books, ornaments etc

Appliances MUST be disconnected from service prior to collection.

All flat packed items should be taken apart before collection – failure to do so may result in an increase in storage space required.

Item Name	Size/Type	Quantity	Declared Value	Additional Information
» Find out about insurance	Total I	Declared Value		

Signature	
rint Name	

Please sign and print your name to confirm that all these items are your own personal property or that you are in custody control of these goods. By signing you also confirm that you understand that where you do not declare a value for your items on this storage booking form, our liability for each item is limited to £40 if negligent. If you require more space, please complete an additional sheet.



				В	ook	ing	Fo	rm
Customer Account Ref:								OFFIC
Access at the C	olle	ctio	⊥ n Ad	dres	ss			ONLY
Please select the distance 10 feet 20 feet 40 feet 50 feet	ınce f	rom th	ne veh	icle to	the p	roperty		:
Please select the type Flat House Details:	-			Other				_
Please state floor leve Please state whether t the collection address any special instruction	there	arrow	gular p	oroble ry bus	ms wi sy stre	th parl	•	
Did all items for collector front/rear access door	_	jo into	the p	ropert	y thro	ugh the	e usua	al
Are there any items th		quire s pleas	-					

Please select the distance from the vehicle to the property door: 10 feet
Please select the type of property: Flat House Commercial Other Details:
Please state floor level
Please state whether there are regular problems with parking near the collection address, i.e. narrow or very busy street, or if there are any special instructions that we need to follow.
Did all items for collection go into the property through the usual front/rear access door? Yes No
Are there any items that require special access?
Yes No If yes, please give details:
Is there a lift in the building and will it be operational on the day of our visit?
Yes No No
Type of lift: Person only Goods Goods
Size: large small very small

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Please confirm that your stora	age items wil	ll be packed (by	you) and
ready for collection: Yes	No		

ready for collection: Yes No No
Parking facilities at Collection Address It is vital that you provide us with as much information as possible regarding parking
at the collection address: Are parking facilities within sight of your property?
Yes No No
If no, where is the nearest available parking area?
Please indicate the type of parking restrictions:
Off road Goods only Metered
Red route Residents only None
Will a resident's permit be supplied?
Yes No No
Are you in the Congestion Charge zone?
Yes No No
Failure to arrange proper parking facilities for our vehicle, may result in our cancelling your collection. Any parking fees and fines incurred due to insufficient parking arrangements

are charged to the customer (as per our Terms & Conditions). Please confirm that you understand & agree to this statement

by marking this box:





Instruction to your Bank or Building Society to pay by Direct Debit

using a ball point pen and send it to:	Originato	or's Identi	fication N	umber			
Storing.com Limited	8	3	7	3	9	7	
Long Haydons							
Bletsoe			FOR ST	ORING.COI	M LIMITED	OFFICIAL US	 SE ONLY
Bedford		This i	s not part	of the instr	uction to y	our Bank or	Building Society.
MK44 1QW							
Name(s) of Account Holder(s)							
Bank/Building Society Account Number							
Branch Sort Code							
			r Bank or			the account	detailed in
Name and full postal address of your Bank or Building Society	this Instru	uction subj	ect to the	safeguards	assured b	y the Direct	Debit Guarantee.
To: The Manager Bank/Building Society						Storing.com Ilding Society	Limited and if so, <i>I</i> .
Address							
nuitos	Signatu	res					
Postcode	Date						
Customer Account Ref:	Job Ref:						_
							OFFICE ONLY

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

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This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
 - The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Storing.com Limited will notify you three working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Storing.com Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society.

Please also send a copy of your letter to us.



Booking Form

Customer Account Ref:				
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Security Question

Please supply a Pets name or Date of Birth which will be requested each time you contact storing.com to discuss your account.

Payments

Invoices by email

Storing.com actively discourages the use of paper and encourages recycling. With the environment in mind, we send invoices by email, rather than by post as a standard.

Initial payment

An initial payment (to cover the first four weeks of storage plus any collection charges) needs to be made by credit or debit card via telephone to your storage advisor.

Regular Payment

Subsequent payments are taken every 4 weeks via Direct Debit – this may result in two payments being taken in one calendar month, as there are 13 invoices in a year. Storing.com's preferred payment method is by direct debit.

Upon completion please return this form by email to sales@storing. com or post to Storing.com Limited, Long Haydons, Bletsoe, Bedford, MK44 1QW and a storage advisor will contact you to confirm your storage booking.

If you have any queries please call on freephone 08000 641 642 or visit our website at **www.storing.com**

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Terms and Conditions	JUNE 2021
Please sign and print your name below to confirm that you have read, understood and agree to our terms and conditions.	Our terms and conditions can be found on our website at www.storing.com beneath FAQS on every page and as a PDF and MS Word document on the Booking Forms page.
Signature	Date
Print Name	