



PICK-UP, DELIVERY AND STORAGE AGREEMENT

NOT NEGOTIABLE BILL OF LADING

1 Laird Dr., Toronto, Ontario M4G 3S8
 Telephone: (416)253-5353 Fax (905)212-7133
 Web Site: www.canada-storage.com
 E-mail: mobile@canada-storage.com

Customer Information

Name: _____
SURNAME GIVEN NAME

PUD Address: _____
STREET

_____ APT# CITY/PROVINCE POSTAL CODE

Phone #: (____) _____ (____) _____
PHONE CELL

Delivery Date: _____

Pick-up Date: _____

Identification: _____

Type: _____ Estimated length of Storage (MONTHS)

Permanent Mailing Address

STREET _____

CITY / PROVINCE / POSTAL CODE _____

Home: (____) _____ Cell (____) _____

Work (____) Ext. _____

E-mail: _____

Verification Area

Container #	Container #	Delivery	Pick-Up	Weight

Access Person

Name: _____

Phone#: _____

Emergency Contact (Relative)

Name: _____
SURNAME GIVEN NAME

Phone #: _____
HOME WORK BIN

Please initial to accept terms

I Agree That I Will Pay My Rent On Time.

There is a seven (7) day grace period before a late charge of \$10/container applies. See Terms and Storage Charges (Paragraph 7 & 10)

Pick-up & Delivery

We will drop off and pick up our container from your address and deliver it to our storage container facility (Not exceeding a maximum of 2000 lbs). In case container exceeds weight limit pick-up will be left to our descretion and surcharge may supply.

Acknowledgement

You have received and read the attached terms, conditions and riders and accept the terms including the limitation on the value and weight of your goods (Paragraph 3) and the limitation on our liability (Paragraph 4) and agree not to store any dangerous goods or goods listed in Paragraph 5. You agree to allow ALL CANADIAN PICK-UP & DELIVER INC. to automatically charge your credit card (or set up an alternated payment method) the amount for your monthly storage fees and any other applicable fees, including not attended access appointment fees.

Insurance Coverage During Transport & Storage

Accept

While they are transported to & stored in our container storage facility your goods will be insured to a maximum replacement value of \$5,000 per container. (See Attached Rider: Paragraph 14)

Insurance Declined

By signing below you decline insurance coverage

Signature _____

Storage & Insurance Fees

Monthly Storage rate / container	\$ _____
Monthly Storage of _____ containers	\$ _____
Monthly Storage rate / pad	\$ _____
Monthly Storage of _____ furniture pads	\$ _____
HST (13%)	\$ _____
Sub-Total Storage Fees	\$ _____
Total Insurance per month	\$ _____
HST (13%)	\$ _____
Sub-Total Insurance Fees	\$ _____
1 Total Services	\$ _____

Merchandise and PUD Fees

Packing Box - small	____ @ \$ _____	\$ _____
Packing Box - medium	____ @ \$ _____	\$ _____
Packing Box - large	____ @ \$ _____	\$ _____
Wardrobe Box	____ @ \$ _____	\$ _____
Lock	____ @ \$ _____	\$ _____
Other	____ @ \$ _____	\$ _____
Other	____ @ \$ _____	\$ _____
Sub-Total		\$ _____
HST (13%)		\$ _____
2 Sub-Total - Merchandise		\$ _____
Delivery & Pick-Up		\$ _____
Re-delivery & Re-Pick-Up		\$ _____
Other		\$ _____
HST (13%)		\$ _____
3 Sub-Total - Del & P/U		\$ _____
Total of 1 + 2 + 3		\$ _____
Deposit / Prepayment		\$ _____
Balance Due		\$ _____

NOTES: Re Customer

Method of Payment:

Visa MasterCard American Express Cash

Name on card: _____ Card # _____ Exp _____ / _____

Cardholder Signature: _____ Date _____

Customer signature: _____ ALL CANADIAN Representative: _____