

# Budget Self Storage - Florida Monthly Rental Agreement

**NOTICE TO TENANT:** THE OWNER OF A SELF-SERVICE STORAGE FACILITY HAS A LIEN UPON ALL PERSONAL PROPERTY, WHETHER OR NOT OWNED BY THE TENANT, LOCATED AT A SELF-SERVICE STORAGE FACILITY FOR RENT, LABOR CHARGES, OR OTHER CHARGES, PRESENT OR FUTURE, IN RELATION TO THE PERSONAL PROPERTY, AND FOR EXPENSES NECESSARY FOR ITS PRESERVATION, OR EXPENSES REASONABLY INCURRED IN ITS SALE OR OTHER DISPOSITION. IF TENANT DEFAULTS UNDER THIS RENTAL AGREEMENT, THE PERSONAL PROPERTY STORED IN THE STORAGE UNIT MAY BE SOLD TO SATISFY OWNER'S LIEN. THIS ACTION IS AUTHORIZED BY THE FLORIDA SELF-SERVICE STORAGE FACILITY ACT 83-801 ET SEQ.

**TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT:**

**Date:** \_\_\_\_\_

A) **Name:** \_\_\_\_\_ (the "Tenant") **E-mail address:** \_\_\_\_\_  
 B) **Address:** \_\_\_\_\_  
 C) **Telephone No.:** \_\_\_\_\_ **Cell Phone No.:** \_\_\_\_\_  
 D) **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Driver's License No. / State:** \_\_\_\_\_

E) **Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 F) **Alternate Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Cell Phone No.:** \_\_\_\_\_

G) **Emergency Contact Information (if other than Alternate Contact): Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_ **Cell Phone No.:** \_\_\_\_\_

Owner may contact such alternate/emergency contact person(s) in event of casualty (fire, accident or damage, etc.), or other emergency, or if Owner is unable to reach Tenant. Further, unless Tenant refuses consent by marking this box , Owner may at Owner's option allow such person(s) or Tenant's brother, sister, spouse, parent, or child over 18 to have access to the Leased Space if such person signs an affidavit that Tenant is deceased, incarcerated, permanently missing or permanently incapacitated.

H) **Credit/Debit Card Authorization for Payment of Rent and Other Charges:** Tenant provides Owner the following credit/debit card information on a credit/debit card owned by Tenant or upon which Tenant has authority to charge as described below in Section 3:

**Name on card:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_  
 (Provided)  
**Type of card:** \_\_\_\_\_ **Credit/Debit Card Number: (Last Four Digits)** \_\_\_\_\_

**Credit/Debit Card Billing Address:** \_\_\_\_\_  
*\*Notice: Credit cards are not accepted for payment if Tenant is 30 days delinquent unless Tenant is present in Owner's office with a card in Tenant's own name. Certain additional restrictions apply.*

I) Tenant authorizes Owner to deduct the rent and other charges due from Tenant's  Checking account or  Savings account located at \_\_\_\_\_ Bank with account number of \_\_\_\_\_ and routing number of \_\_\_\_\_  
 All other terms and conditions of Provision #3 apply.

**Daily Rental:** \$ \_\_\_\_\_ Per Day  **Weekly Rental:** \$ \_\_\_\_\_ Per Week  **Monthly Rental:** \$ \_\_\_\_\_

Date	Quantity	Description	Amount	Tax	Total
Total Due at Signing \$					_____

**Leased Space No. (the "Leased Space"):** \_\_\_\_\_ **Approximate Size:** \_\_\_\_\_  
**Next Payment Due on:** \_\_\_\_\_ Day of each month **Gate Access Code:** \_\_\_\_\_

**FACILITY:** 6801 Cortez Road West, Bradenton, FL 34210 ("Facility")

**NOTICE TO TENANT:** DO NOT SIGN THIS RENTAL AGREEMENT BEFORE YOU READ IT, FULLY UNDERSTAND, AND AGREE TO ABIDE BY THE COVENANTS AND CONDITIONS HEREIN. THIS RENTAL AGREEMENT IS FIVE (5) PAGES LONG.

**REMIT MONTHLY PAYMENT AND NOTICES**  
**IN PERSON, ONLINE, OR BY MAIL TO:**

Budget Self Storage - Cortez  
 6801 Cortez Road West  
 Bradenton, FL 34210

Pay online at [www.BudgetCortez.com](http://www.BudgetCortez.com)

Is Tenant or Spouse in active or reserve military status?  YES  NO  
 If yes, who? \_\_\_\_\_ Military ID # \_\_\_\_\_  
 If yes, Commanding Officer Name: \_\_\_\_\_ and Phone No.: \_\_\_\_\_  
 Titled Vehicle Stored?  YES  NO (if YES, Vehicle Addendum is required)

Air Conditioned Leased Space?  YES  NO (If YES, Provision #14 Applies)  
 Monthly Bill (\$1.00 Service Charge)

**TENANT MUST NOTIFY Budget Self Storage - Cortez AS DESCRIBED IN PROVISION 23, IN WRITING, OF ANY ADDRESS CHANGE AND MUST NOTIFY THE FACILITY OF ANY INTENT TO VACATE AT LEAST 7 DAYS BEFORE THE RENEWAL DATE.**

The description of the Leased Space is for identification purposes only. There shall be no adjustment in the rent payable hereunder and the Rental Agreement shall remain in full force and effect if the Leased Space actually contains more or less square feet than set forth herein. No refund is due if the Leased Space contains less square feet than stated. Tenant is renting the Leased Space by the Leased Space not by the square foot.

J) List all liens or security interests in any property (including vehicles) to be stored in the Space. List the lien-holder's address, property lien, and the amount of lien.

Lien Holder	Address of Lien Holder	Property Liened	Amount of Lien

K) **List contents to be stored in the Leased Space:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The undersigned hereby acknowledges that he/she has read and understands this Rental Agreement in its entirety (five pages) and agree(s) to be bound by its terms and conditions.

"Owner": Corsoto Storage Associates LLC  
 D/B/A Budget Self Storage - Cortez

"Tenant": \_\_\_\_\_

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_