

PROGRESSIVE AUTO MANAGEMENT, INC.
720 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145
(239) 642-4944 fax (239) 642-3381

VEHICLE STORAGE LEASE AGREEMENT

NAME: _____

OUT OF AREA INFORMATION and/or CREDIT CARD BILLING ADDRESS AND ZIP CODE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ CELL: _____

LOCAL INFORMATION:

PHONE: _____ CELL: _____

I/We have agreed to rent a Space(s) for a period of _____ months at \$ _____ per month plus sales tax, for a total of \$ _____ per month. **Vehicle pro-rated coming in, not leaving. You must inform management in advance with pick-up date. Twenty-Four (24) hour notice prior to pick-up is requested.** _____ **Customer's Initials**

Description of Vehicle

TAG # _____ STATE: _____ VIN: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

MILEAGE: _____ CONDITION OF VEHICLE: _____

CREDIT CARD TYPE: _____

CREDIT CARD # _____ EXP. DATE _____

Under the terms of this Lease Agreement, the vehicle will be washed prior to being stored. Hours of availability are 8:00 a.m. – 4:00 p.m., Monday through Saturday. .

PROGRESSIVE AUTO WILL NOT BE LIABLE FOR ANY DAMAGE TO VEHICLES DUE TO HURRICANES.

PROGRESSIVE AUTO STORAGE

LEASEE

DATE: _____ DATE IN: _____ DATE PICKED UP _____