

PROGRESSIVE AUTO MANAGEMENT
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:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

LOCAL INFORMATION:

Phone: _____ Fax: _____ Cell: _____

I/We have agreed to rent space number _____ for a period of _____ months at \$175 per month plus sales tax, for a total of \$185.50 per month. Vehicle pro-rated coming in, not leaving.

VEHICLE INFORMATION:

TAG #: _____ State: _____ VIN: _____

Year: _____ Make: _____ Model: _____ Color: _____

Mileage: _____ Condition of Vehicle: _____

Paid/Check # _____ 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.—5:00 p.m. Monday through Saturday. Twenty-Four (24) hour notice prior to pick-up is requested.

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

PROGRESSIVE AUTO STORAGE

LEASEE

DATE: _____ DATE IN: _____ DATE PICKED UP: _____