



Date _____

PARKING LOT-RENTAL AGREEMENT

Company/Person Name

VEHICLE INFORMATION

Vehicle Type: _____

Year _____ **Make** _____ **Model** _____
Tag # _____ **State Reg** _____ **Color** _____

Trailer:

Year _____ **Make/Brand** _____ **Model** _____
Tag # _____ **State Reg** _____ **Color** _____

Vehicle Type: _____

Year _____ **Make** _____ **Model** _____
Tag # _____ **State Reg** _____ **Color** _____

Trailer:

Year _____ **Make/Brand** _____ **Model** _____
Tag # _____ **State Reg** _____ **Color** _____

CONTRACT

By initialing, to the following, I am agree to the following terms to park equipment at 675 Adamson Drive, Monroe, Georgia 30655 ____ Keep slots clean.

____ Any fluid spilled on the ground will be considered a spill at EPA standards by slot occupant, occupant is responsible for clean up.

____ Notify Jeff Taylor @ 770-560-7456 if any occurrence at lot with damage or spill.

____ Payment is due 1st of the month beginning _____ in the amount of \$ 150.00 for ____ spot

____ Gate is to remain locked at all times. DO NOT GIVE YOUR CODE OUT

____ Rental sticker is always to remain visible while parked.

____ Parking is at equipment owners own risk.

____ Taylor's is NOT responsible for theft or acts of mother nature.

____ Credit card will be charged on the *1st day* of signed contract

____ I agree for TAYLOR'S to process payment on the first of every month. ____ In the event, my payment method is declined or charged back there will be a \$35.00 fee.

____ If payment is declined or not paid by the 3rd of the month any and all vehicles associated with above account is subject to be impounded at OWNERS EXPENSE and/or a BOOT could be placed on equipment.

____ 14 Day Notice is required for termination of contract.

____ *If you allow any person or vehicle to park in your spot other than what is listed on this contract, that vehicle will be impounded at the OWNER'S expense and your contract will be terminated without ANY refund.*

Signature: _____

EMAIL: _____

NAME: _____

PHONE NUMBER: _____

EMERGENCY CONTACT : _____

EMERGENCY NUMBER: _____

PAYMENT

CREDIT CARD INFORMATION THAT WILL BE CHARGED FOR MONTHLY RENT

Credit Card # (xxxx – xxxx – xxxx – xxxx) _____

Expiration (xx – xx): _____

CVV (xxx): _____

Billing Zip: _____

By signing this contract I am agreeing to all terms and conditions above.

Signature: _____

Date: _____