Sonny's RV
5000 E. Yellowstone
Evansville, WY 82636
(307) 237-5000 Phone
(307) 237-6750

"Rent The Open Road"

SITE #:

STORAGE LEASE

This Lease is entered into this _____ day of _____ , 20 _____ by and between Sonny's RV, hereinafter referred to as Lessor, and _____, hereinafter referred to as Lessee.

WITNESSED

WHEREAS, Lessor has Space to Lease for Storage of Automobiles, Boats, Campers, Trailers, etc., and;

WHEREAS, Lessee wishes to Lease such Storage Space;

NOW, THEREFORE, for the Good and Valuable Consideration hereinafter mentioned the Parties Agree as Follows:

1. Price:
Lessee shall pay to Lessor the sum of $_____, per month as a Storage Fee.

2. Property:
Lessor's Property being Stored is as Follows:
Year:_____ Make:_____
Model:_____ Last 5 (Five) Digits of VIN:_____

3. Removal Date:
All Stored Property Must be Removed Before_____ _____, 20___.

_____ Lessee Initials **4. Liability:**
Lessee understands and specifically agrees that Lessor is not an Insurer. Lessee releases and waives any property being stored. Lessee makes no representations as to the possibility of damage as a result of vandals, weather, negligence or otherwise.

_____ Lessee Initials **5. Waiver:**
Lessee specifically waives all claims of whatever kind in nature against Lessor that may have resulted in the damage of his property while the property was stored with Lessor and specifically warrants to Lessor that he is willing to take the risk damage to the property or has taken steps to insure the property.

_____ Lessee Initials **6. Indemnity:**
In the event of suits by any third parties Lessee agrees to indemnify Lessor for all costs including attorney fees, damages and cost.

_____ Lessee Initials **7. Indemnity:**
Sonny's RV utilizes Valet Services for Storing and Unstoring all units. If this service is desired, please call for scheduling.

8. Keys:
Keys are held by _____ Owner, or _____ Sonny's RV.

Dated this _____ day of _____, 20_____.

_____
Lessee

_____
Address

_____
City, State Zip Code

_____
Telephone

_____
Emergency Phone Contact Number

_____
Lessor

Payment History					
Invoice	Type	Date	Paid	Paid Through	Initials