

13456 So. Hwy 99W
Po Box 1117
McMinnville, OR. 97128
503-474-8208

Date: _____

Space # _____

Length: _____

Initial Fee: _____
(May be pro-rated)

Key Deposit: \$50.00

TOTAL DUE: _____

Lessee _____

Address _____

City _____ State _____ Zip _____

Phone _____

EMAIL ADDRESS: _____

C.Card Cash Check #: _____

Office Use	
Key Deposit Return Date _____	
Check # _____	30 Day Notice _____

Please Send My Monthly Statement via Email

PLEASE READ THIS AGREEMENT THOROUGHLY AND COMPLETELY.

- This lease shall begin on _____, and continue **month to month** for the sum of \$ _____ per month payable in advance. Customers moving IN to the facility AFTER the first of the month will be charged on a PRO RATED basis. **WE DO NOT PROVIDE REFUNDS IF THE CUSTOMER MOVES OUT EARLY.** All payments are due on the first day of each month. Payments not received by the 10th of the month will be assessed a late fee of 10% with a minimum charge of \$10.00 and **access to the facility will be denied until payment in full is received.**
- Are you or any member of your immediate family on active duty with the U.S. Military?** _____
If you answered YES please provide additional contact information

Name: _____

APO / FPO: _____

City: _____ State: _____ Zip: _____
- Refundable Entrance Control Tag Deposit of \$ 50.00. This deposit will be retained if the key is not returned at the conclusion of the rental period. I understand that I am responsible for all rents due until the access key is returned after I have ended my rental agreement. INITIAL _____**
- Use of premises shall be for vehicle storage purposes, no household items shall be stored in the open. All vehicles must be in towing / running condition. Lessee shall not allow anything that will create a nuisance, constitute a fire hazard, be dangerous to life, limb or in any manner deface or injure said building or surrounding property. **THIS UNIT MAY NOT BE USED AS A RESIDENCE AT THIS LOCATION**
- It is understood that lessee shall, at their own expense, obtain and maintain insurance coverage on stored property. It is further understood that lessor shall be held harmless for theft or damage, if any, to said property caused by fire, water, or otherwise, whether due to acts or omissions by lessor or their agents or anyone else. Lessee will also hold harmless lessor for any personal injury while in the facility

6. Lessee shall not violate city, county ordinance, state, or federal law in or about said premises, nor shall lessee sub-let the demised premises or any part thereof or assign this lease without lessor written consent
7. If lessee is in arrears in payment of rent for a period of 20 days or fails or neglects to perform or observe any of the covenants herein on his part to be performed, the lessor may, in addition to all other legal remedies, terminate this lease and enter into and upon said premises and expel lessee and lessor shall have a lien upon all the lessee's property stored on said premises, **in the event of such default, the lessor may also sell said property as provided by law**

A 30 day WRITTEN notice prior to vacancy is required. Failure to provide notice may result in forfeiture of a portion or all the key deposit. INITIAL _____

DEFAULT/LANDLORD'S LIEN. If Tenant fails to pay rent within (10) days after it is due, Landlord will deny access to the premises and may, without notice, elect to terminate this Lease. If Tenant shall fail to comply with any other provisions of this Lease within five (5) days after written notice from Landlord specifying the failure and demanding compliance, then Landlord may terminate this Lease without further notice.

As authorized by Oregon Revised Statutes, Chapter 87, Tenant's personal property is subject to a lien in favor of the Landlord and may be sold pursuant to Oregon law to satisfy the lien if the rent or other charges due are not paid.

8. Lessee hereby authorizes lessor to release any information regarding lessee and lessee's occupancy as may be required by governmental authorities or agencies, law enforcement agencies or courts.
9. A tenant is deemed to have authorized access to the storage facility by someone other than the tenant if said person has the valid access key, unless the facility owner or manager has been notified by registered tenant that the access key has been taken without their permission. If an access key is lost or stolen it is the lessee's responsibility to notify the storage facility management directly that the key is missing. Any missing key will be immediately denied access to the facility upon notification and a new key can be issued to the registered tenant which will include a separate key deposit charge.
10. In the event any suit or action is brought to collect any of said rents or to enforce any provision on this lease of foreclosure any lien lessor has upon lessee's goods or to repossess said premises, lessee agrees to pay to lessor all costs and attorney's fees as may be adjudged by the trial court as reasonable for such suit or action and the event any appeal is taken from any judgement or decree in such suit or action, lessee further agrees to pay such sum as the appellate court shall adjudge reasonable as attorney's fees and costs on such appeal.
11. In the event of the death of a tenant, a representative of the tenant will be required to provide a notarized statement as such provided by the court to gain access to the facility UNLESS paragraph 9 above is satisfied.
12. If a tenant is incarcerated, said tenant or their legal representative must continue to pay monthly fees on a timely basis. If tenant fails to stay current with the required payments then the unit is subject to paragraph 7 above.
13. If you are signing as the authorized representative of a business, you are to notify the facility immediately if you no longer are considered a legal representative of said business.
14. The words lessee and lessor shall include the plural as well as the singular.
15. **For Security Reasons Please Remove All Valuables and make sure the vehicle is LOCKED**

LESSEE'S VEHICLE AND INSURANCE INFORMATION

Insurance Co.: _____ Policy #: _____
REQUIRED INFORMATION

Vehicle Make: _____ License #: _____ Year: _____

Driver's License Number: _____ State: _____

Motorhome Boat Camper Trailer Other (list) _____

Overall Length, including Tongue: _____

By signing below I affirm that I have read this agreement and that I am the Title Holder of said vehicle and I will maintain insurance coverage while the vehicle is in storage. Further, I understand that failure to pay required rental fees in a timely manner may result in denied access, removal and / or sale of the vehicle under Oregon Law. Further I release Crossroads RV Storage, LLC of all liability for personal injury or damage to stored vehicle unless Crossroads RV Storage, LLC or their agents has been proven to be negligent

Date:

Lessee

You will be provided with a photocopy of this signed agreement by mail at the earliest possible time. Please read it over completely and if you have questions or concerns contact the facility manager directly at 503-474-8208

Credit Card:

Exp. Date:

Sec. Code:

Privacy Notice: Information provided on this form will not be sold or distributed for any purpose with the exception of paragraph 8 above.

Rev. X 8/7/2016