

## STORAGE AGREEMENT – PRIVATE WINE VAULTS

### Customer Information (\*marked fields must be completed)

#### Account Name (the client)

Title Mr / Mrs / Ms / Dr / Other.....  
 Given Name/s\* .....  
 Surname\* .....  
 Company Name .....  
 ABN / ACN .....(if applicable)

#### Contact Details

Email Address\* .....  
 Mobile Number\* .....  
 Work Number ..... Fax .....  
 Home Number\* .....

#### Residential / Office Address

Number / Street\* .....  
 Suburb / City\* .....  
 State\* ..... Postcode\* .....  
 Country\* .....

#### Billing / Postal Address (if different from above)

Number / Street .....  
 Suburb / City .....  
 State ..... Postcode.....  
 Country .....

#### Security Details

Date of birth\* ...../...../..... Birthplace.....  
 Password\* .....(min 5 digits)  
 Drivers license\* # .....  
 Other Photo ID .....

### Alternate Contact / Joint Account Holder (circle applicable)

Title Mr / Mrs / Ms / Dr / Other.....  
 Given Name/s .....  
 Surname .....  
 Number / Street .....  
 Suburb / City .....  
 State ..... Postcode.....  
 Country .....  
 Email Address .....  
 Mobile Number .....  
 Work Number ..... Fax .....  
 Date of birth ...../...../..... Birthplace.....  
 Password .....(min 5 digits)  
 Drivers license # .....

### How did you find us?

.....  
 .....

### Wine Vault (Storage Space)

Vault ID .....  
 Access Code .....(min 6 digits)  
 Move in date .....

### Insurance Cover

I understand that Wine Ark Pty Ltd (ABN 52 090 902 686) accepts NO liability for the loss or damage of goods stored and that I am required to maintain adequate insurance for my goods. Insurance has been offered to me.

I accept  I decline  (please tick one)

Estimated value of goods \$AUD.....

NOTE: Insurance cover is not provided to customers whose accounts are in arrears.

### Payment Details

#### Set & Forget Payment Service

To ensure that your account is kept within our trading terms, Wine Ark offers an automatic credit card payment processing service. Under the authority we will automatically debit the nominated credit card when invoices are due and payable.

I authorise Wine Ark to charge all fees payable to the following credit card:

#### Credit Card Details \*

Card Type Visa / Mastercard / Amex / Diners  
 Card Number\* ...../...../...../.....  
 Name on card\* .....  
 Card Expiry date\* ...../.....

Signature ✕ .....

**Other Options** Prepayment / EFT / Cheque / Cash

NOTE: All invoices must be settled within 7 days of the date of issue. A late fee of \$11 per week or part thereof applies to all overdue accounts. Dishonoured cheque fee of \$33.00 applies. Returned Credit Card payments will incur a fee of \$11.00.

### Signature

#### Acceptance

I request Wine Ark to provide storage, insurance and other services as instructed by me in accordance with the Terms & Conditions (see over) & Rate Schedule/s as published from time to time. I understand that this agreement will commence upon the date signed and continue until otherwise advised by either party.

Signature\* ✕ .....

Date\* .....

### Wine Ark Office Use Only

ID checked & copied Y / N #.....  
 Member status non-member / members / industry / other  
 Promotion ID .....  
 Manager's signature .....  
 Date completed .....