



CONROY REMOVALS PTY LTD

ABN 89 011 015 231

www.conroyremovals.com.au



Australian Furniture Removers Association

STORAGE AGREEMENT

BRISBANE - Telephone (07) 5495 2156
TOWNSVILLE - Telephone (07) 4774 7999

Facsimile (07) 5495 7220
Facsimile (07) 4774 7044

PO Box 492, Morayfield Q 4506
PO Box 660, Hyde Park Q 4812

brisbane@conroyremovals.com.au
townsville@conroyremovals.com.au

1. CUSTOMER DETAILS

Name: _____ Quotation No.: _____

2. CONTACT DETAILS WHILST GOODS ARE IN STORE

Contact Name: _____ Phone H:() _____

Contact Address: _____ Phone W:() _____

Suburb: _____ Mobile: _____

State: _____ Postcode: _____ Email: _____

3. STORAGE PAYMENT OPTIONS

I/We agree to pay storage costs as set out in my quotation. Charges will be invoiced 4 weekly in advance unless other arrangements are made.

I/We wish to pay these costs by the following means (tick appropriate option).

Direct Debit

(you will need to arrange this with your bank, our account details are on our invoices).

Credit Card.

Card No. _____ CCV _____ Exp Date: ____/____

Please note the credit card option will have a surcharge applied to it.

Cheque

4. PROCEDURES FOR GETTING GOODS OUT OF STORE

I/We agree to give Conroy Removals 2 weeks notice of the intention to have my/our goods delivered from store. I/We understand that if I/we choose to remove the goods myself/ourselves or have another removal company uplift the goods from store I/we will be liable for handling costs to Conroy Removals. In the event I/we cannot give 2 weeks notice I/we understand that Conroy Removals will do their best to accommodate my/our delivery request.

5. PERSONS TO ACT ON YOUR BEHALF (If applicable)

I/We authorise the person named below to act as my/our agent with my/our complete authority to deal with the goods including acceptance of delivery, change of address or storage inspections during my/our absence.

Name: _____ Phone H:() _____

Address: _____ Phone W:() _____

Suburb: _____ State: _____ Postcode: _____

6. PAYMENTS

I agree to pay the storage amounts on time as invoiced by Conroy Removals.

The rate for storage is \$ _____ per week or part thereof plus storage insurance of \$ _____ per week or part thereof.

Signed: _____ Date: _____