



RENTAL AGREEMENT

519-485-5044

www.vsss.ca

Facility: 77 Victoria Street
Ingersoll Ontario

Mailing Address: 260 Bell Street
Ingersoll, Ontario N5C2P3

30 DAYS NOTICE REQUIRED WHEN VACATING.

Billing
Name/Address

Phone # _____ Email _____

I _____ agree to pay \$ _____ monthly.

Rental storage unit # _____ beginning on _____

I will be billed at the end of each month for the following month and will pay rent on the first of every month. I will continue to pay my account as billed each month until the key is returned and the owner/manager is notified and the rental unit is emptied of its contents. I agree that items stored are at my own risk and I acknowledge that the unit is NOT climate controlled. **30 DAYS NOTICE REQUIRED WHEN VACATING.**

Amount received at the time of signing:

\$10.00 Administration Fee

\$ _____ Current Rent

\$ _____ Prepaid Rent

\$ _____ HST (13.00%)

\$ _____ Total

Signature _____ Date _____