

KEMBLE CAR STORAGE

Unit 8 Kemble Business Park, Nr Malmesbury, Wilts SN16 9SH

BOOKING FORM

Tele No: 01666 577449

CUSTOMER DETAILS:

Name: _____

Phone No: _____ Mobile No: _____

e-mail: _____

UK Address: _____

_____ Postcode: _____

Owner / Invoice Address (if different from above): _____

_____ Postcode: _____

Phone No: _____ email: _____

CAR DETAILS:

Make: _____ Model: _____

Registration No: _____ Year: _____ Colour: _____

Estimated current value: £ _____

STORAGE PROGRAMME:

Level _____ storage required from: ____/____/____ to (or estimated ____/____/____
at £ _____.____ p per week.

I will deliver the car at approx. _____ am / pm **/OR/** I require the car to be collected
from: _____

on ____/____/____ at _____ am/pm by _____ *driver/transporter.*

I confirm that my car has Insurance cover for Fire, Theft and Accidental Damage while being kept at KCS and that my insurance company has been informed that it is stored with KCS.

I enclose a copy of the certificate / cover note.

Insurance Company: _____

Policy No: _____

Extra insurance required: YES / NO (delete as necessary)

I also have received a copy of the Terms and Conditions and agree to abide by the payment terms contained therein.

Customer / Owner Signature: _____ Date: ____/____/____

Print Name: _____

Office use only:

Booking accepted: ____/____/____ by: _____