

CONTACT DETAILS:

NAME: _____

QUOTATION NUMBER: _____

ANTICIPATED STORAGE PERIOD: YEARS: _____ MONTHS: _____ WEEKS: _____

ADDRESS FOR ACCOUNT: _____

TELEPHONE: HM: _____ WK: _____ MOB: _____

EMAIL: _____

ALTERNATIVE NZ CONTACT: NAME: _____ PHONE: _____

INSURANCE REQUIREMENTS:

As in-store Insurance is a **mandatory extension of our Transit Insurance**, you will be covered for effects listed on the Transit Insurance Form. Please read the Transit Insurance Form for full cover details.

Should insurance cover not be nominated with New Zealand Movers, the effects will be stored at "Owners Risk" with no recourse or liability on New Zealand Movers or its insurers.

✓ **Please tick appropriate box**

Insurance required at the rate of 0.15% per \$1000.00 cover (per month), as per the completed Transit Insurance Proposal.

Total transit insurance value: \$ _____

Insurance not required – stored at "Owners Risk".

SIGNATURE: _____ DATE: _____

PAYMENT OPTIONS:

Please note storage is charged monthly in advance. Payment for storage must be made by **Credit Card** or **Automatic Payment by the 20th of each month.**

✓ **Please tick appropriate box (must be completed)**

Credit Card - Visa/MasterCard only (2% service fee applies)

NUMBER: _____ EXPIRY DATE: _____

NAME: _____

Automatic Payment

OFFICE USE ONLY

STORAGE RENTAL RATE: _____

STORAGE INSURANCE RATE: _____

STORAGE ACCOUNT No: _____