



Insurance details and storage conditions (When not in use)

Insurance

company.....

Policy number.....

Insurers conditions on storage.

Tracking device to be fitted **Y/N****

Hitch lock to be fitted **Y/N****

Wheel clamp to be fitted **Y/N****

Alarmed **Y/N****

Other requirements detailed in insurance, please describe

.....

Written exemption to any of the above? **Y/N** (**delete as appropriate)**

Payment. For options please see above.

Please make Cheques payable to Cromwell Caravan Storage.

I enclose a remittance by Cheque/ Cash/ Credit Card

For £..... (Payment option) Plus £50-00 Returnable Deposit

Total £.....

I have read and agree to abide by the terms and conditions as set out.

Signed

Name (block capitals)

Date

MasterCard / Visa / JCB / Switch / Other _____

Credit / Debit Card Number _____

Issue Date ___/___ Expiry Date ___/___ Security code on reverse of card _____

Issue Number (switch only) _____

Cardholder's Name (please print) _____

Cardholder's Signature _____

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