

**APPLICATION FOR PARKING STORAGE
AREA 84 ENTERPRISES, LLC**

NAME: _____

COMPANY NAME: _____ BUSINESS PHONE: _____

CELL PHONE: _____ EMAIL _____

PRIMARY ADDRESS

ADDRESS: _____ CITY: _____

STATE / ZIP CODE: _____ PHONE: _____ FAX: _____

SECONDARY ADDRESS

ADDRESS: _____ CITY: _____

STATE / ZIP CODE: _____ PHONE: _____ FAX: _____

ALTERNATE CONTACT NAME: _____

ALTERNATE CONTACT PHONE: _____

This person is authorized to act on my behalf regards my account with Area 84 Enterprises, LLC and access the stored goods without my permission or being present. YES NO _____ Initials of lessee.

**SELECT
LOT
SIZE**

10' x 40' Full Uncovered Lot (\$100/mo.) 10' x 40' Full Covered Lot (\$130/mo.)

10' x 20' Half Uncovered Lot (\$65/mo.) 10' x 20' Half Covered Lot (\$80/mo.)

UNIT TYPE: _____ RV _____ BOAT _____ TRAILER _____ OTHER

UNIT DESCRIPTION: _____ UNIT LICENSE # _____

UNIT LENGTH _____ UNIT Gross WT _____

Payment Method

Check Enclosed Check Number _____

Purchase Order P.O. Number _____ Agency _____

Credit Card VISA MASTERCARD AMERICAN EXPRESS

I hereby Authorize Area 84 Enterprises, LLC use this credit card information and to disclose it as necessary to third parties for the purpose of charging to and collecting from my credit card account the initial amount of \$_____ and thereafter subsequently, any other charges arising from, or due and owing on my account for the use of the storage facility pursuant to my agreement with Area 84 Enterprises, LLC, until all amounts are paid in full and when I rescind this authorization in writing. I further understand and agree that I am and shall remain personally liable and responsible for all costs and charges until such amounts are paid in full to Area 84 Enterprises, LLC, regardless of any charge made to my credit card. **My disclosure of the credit card information as provided herein, is for my own convenience for the purpose of executing this transaction, and shall constitute a release by me of Area 84 Enterprises, LLC, and/or any employee thereof from any liability for damages alleged to have been caused, directly or indirectly, as a result of Area 84 Enterprises, LLC's acquisition, maintenance and/or disclosure of such information, or any subsequent disclosure thereof by any individual or entity.**

Account Number _____ Expiration Date _____

Cardholder's Name _____ CVC _____ (3 or 4 digits)

Billing Address _____

City _____ State _____ Zip Code _____

Signature of Cardholder _____

LOCATION OF PARKING STORAGE AREA: the parking storage area, located on the premises of the Area 84 Enterprises, LLC storage and parking facility, near the intersection of U. S. Route 119 and 250, situate in the Pleasant District, Barbour County, West Virginia.

I have personally inspected the location of the parking storage area and accept the same as suitable for my purposes as is, where is, without modification, and I am aware that **Area 84 Enterprises, LLC DOES NOT INSURE and will accept NO LIABILITY for loss or damage to my Goods/Recreational Vehicle** and have been advised that Area 84 Enterprises, LLC **STRONGLY RECOMMENDS THAT I OBTAIN INSURANCE COVERAGE** for Goods and units to be stored in the parking storage area.

Signature _____ Date _____