

Contract# \_\_\_\_\_ Unit# \_\_\_\_\_  
For Office use only

The Auto Vault LLC  
1629 Route 206  
Tabernacle, NJ 08088

Phone: (609)836-3100  
Email: TheAutoVaultLLC@gmail.com  
Website: TheAutoVaultNJ.com

## Application for Vehicle Storage

NAME: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drivers License: \_\_\_\_\_

Titled Owner (If different from Client): \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Car Club Affiation: \_\_\_\_\_

Year	Make	Model	Vehicle ID	License Plate	Mileage	Est. Value

Note: Please include 4 pictures for each vehicle (front, back, left side, right side)

### EMERGENCY CONTACT INFO

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date