

PO BOX 151
120 West 9th Street
Silverthorne, CO 80498

Office: (970) 468-8367
Fax: (970) 468-6263
www.kaupaswater.com



Storage Information Sheet

Customer Name: _____

Local Phone Number: _____ Fax: _____

Residence Physical Address: _____

Billing Name and Address: _____

Responsible Person: _____ Phone: _____

Make/Model of item to be stored: _____

Trailer License Number/ State issued: _____

Storage Start Date: _____

Special requirements or notes: _____

Storage Agreement

Kaupas Water is not responsible for theft or damage to property stored at Kaupas Water storage locations. Customer is responsible for all storage fees. Credit Card information must be kept current, and on file at Kaupas Water while the property is being stored.

Customer Signature: _____ Date: _____

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Irrevocable & Unconditional Credit Card Authorization Form

I/We unconditionally authorize Kaupas Water Labs to charge to the following Credit Card on our behalf for any purchases authorized by"

Card Types (circle one): VISA MASTERCARD AMERICAN EXPRESS

These purchases, for goods, services, rentals and deposits are authorized to be made in person over the telephone by cardholder.

Name on Card

Card Number

Security Code

Expiration Date

Billing Address with Zip Code

Authorized Account User Names: _____

Telephone Numbers: Office: _____ Home: _____
Cell: _____ Fax: _____

This agreement will remain in effect until written notice is received by Kaupas Water Labs, INC. Po Box 151 Silverthorne, CO 80498.

By signing this agreement, I also state that I/We have received a copy of this authorization.

Signature of Card holder

Date

Print Name