

GOLDEN EAGLE MOVING SERVICES, INC.
1450 NORTH BENSON AVENUE
UPLAND, CA 91786

STORAGE INFORMATION SHEET

1. The following are the only persons allowed access to my storage lot. I understand that these individuals have the same right to remove my goods as I do. Individuals not named cannot have access to my goods without a court order or notarized letter. Please write none if you are the only person that is allowed to have access:

2. PLEASE LIST YOUR BILLING ADDRESS WITH ZIP CODE AND INCLUDE CONTACT NAMES AND PHONE NUMBERS:

3. I have read the attached Storage Coverage and Valuation options and:

___ I wish to release my shipment to a value not to exceed 60 cents per pound per article (no charge).

___ I would like actual cash value protection in the amount of \$ _____ (\$1.00 per \$1,000 coverage per month)

___ I would like full replacement coverage in the amount of \$ _____ with no deductible (\$2.00 per \$1,000 coverage per month)

___ I would like full replacement coverage in the amount of \$ _____ with \$250 deductible (\$1.00 per \$1,000 coverage per month)

___ I would like full replacement coverage in the amount of \$ _____ with \$500 deductible (\$.75 per \$1,000 coverage per month)

Signature

Date

