

Fax to: _____
Fax # _____

From: Door To Door Storage, Inc.
Fax # _____

REQUEST TO ADD OR DELETE AN AUTHORIZED AGENT

Adding Deleting an Authorized Agent

Authorized Agent's Printed Name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

When accessing or upon any redelivery, the agent must: (1) bring a photo identification; (2) know the password (either the customer's mother's maiden name, birth date, or the Customer's unique word); (3) possess the key or combination to the customer's own lock(s); and (4) the Customer's account must be current (no outstanding amount due) prior to any access or redelivery.

This form gives the agent the authority to act on the customer's behalf including, but not limited to, removing all goods from all containers, and signing for the opening and/or closing of the account. The Customer is responsible and liable for any and all charges due on the account, whether or not created or authorized by the Agent. The authority granted by the Customer to the Agent is effective when this document is received by Door To Door Storage, Inc.

As the Customer, I hereby agree to indemnify, defend, and hold harmless DTD and its officers, directors, employees, and agents from any and all claims, losses, damages, liabilities and expenses (including reasonable attorneys' fees) whatsoever, whether direct or indirect, asserted against, imposed upon or incurred by DTD resulting from or arising out of DTD's allowing a person, other than myself, access to and/or partial or full redelivery of my DTD storage container(s) as I requested and/or agreed.

Customer's Printed Name: _____

Signed by Customer: _____ Date: _____ / _____ / _____

Customer's Home Phone # _____ Work Phone # _____

For Office Use Only:

Received on: Date: _____ / _____ / _____

By DTD Employee's Printed Name: _____; Initials: _____