



Authorised Agents Authority

Customer Name:

Unit Number:

Agreement Number:

Storage Location:

(Your Storage facility Name)

List Authorised Agents

Add this Agent Remove this Agent

First Name: Last Name:

Address:

Suburb: City:

Phone: Fax: Mobile:

Email:

Add this Agent Remove this Agent

First Name: Last Name:

Address:

Suburb: City:

Phone: Fax: Mobile:

Email:

Signature:

Please print and fax to your Storage Facility once all information is completed and the form is signed.