



SH OH TRUCK REPAIR, LLC

Parking / Storage Rental Agreement

3901 Pearl Road, Medina, OH 44256

Office: (330) 887-2221

Text Only: 330-391-290

PARKING / STORAGE RENTAL AGREEMENT

This Parking/Storage Rental Agreement ("Agreement") is entered into on the ____ day of _____, 20____ between SH OH Truck Repair, LLC ("Lessor") and the undersigned Lessee. The parties agree to the following terms and conditions.

LESSEE INFORMATION

Lessee Name: _____

Company Name: _____

Email: _____

Address: _____

Cell Phone: _____

FINANCIAL TERMS

- Monthly Rent: **\$182.00**
- Tax (if any) & Fees: **\$7.00**
- Total Monthly Payment: **\$189.00** per space
- Security Deposit: **\$182.00** plus any fees (refundable pending no balance owed and no debris left on premises, there is no refund for fees)

Payment is due on the 1st day of each month. No prorated rent will be issued at termination.

LEASE TERMS & CONDITIONS

(Lessee must initial each line below as acknowledgment of lease agreement)

1. _____ Lessee is granted a non-exclusive license to occupy one designated parking space for the sole purpose of storing one vehicle, trailer, camper, or boat. No additional items, equipment, or materials may be stored within or adjacent to the space. Any unauthorized items constitute a material breach of this Agreement.
2. _____ Parking outside the assigned space is strictly prohibited. Any unauthorized parking shall constitute trespass, and Lessor may immediately tow or immobilize the vehicle at Lessee's sole expense without further notice.
3. _____ No repairs, maintenance, dumping, fluid handling, tire changes, or mechanical work of any kind may be performed on the premises. No parts, tools, equipment, or materials may be stored outside the vehicle. Any violation constitutes a hazardous-activity breach and may result in immediate termination.
4. _____ Tire storage of any kind is strictly prohibited. Any tires left on the premises shall be deemed abandoned property and may be removed or disposed of by Lessor at Lessee's sole expense.
5. _____ If rent is not received by the 5th day of the month, Lessor may tow, immobilize, or secure the vehicle, or may sell or dispose of the property pursuant to Ohio Revised Code §§5321.15 and 5321.16. Lessee waives any claim for damages arising from such enforcement actions.
6. _____ Lessee is responsible for all costs related to environmental inspections or cleanup due to leaks or spills. Hazardous spills may result in immediate termination with 24-hour removal notice.

7. _____ Lessee's cancellation is effective only upon Lessor's written acknowledgment of receipt of Lessee's email notice. No prorated rent or refunds will be issued under any circumstances.
8. _____ Enrollment in the Auto-Pay Program is a condition of this Agreement. Failure to maintain a valid payment method constitutes non-payment and may result in immediate enforcement actions.
9. _____ A \$35 late fee is automatically assessed on the 6th day of each month. Returned or declined payments incur a \$50 fee. These fees are contractual liquidated damages and not penalties.
10. _____ Lessee shall indemnify and reimburse Lessor for all attorney fees, court costs, collection fees, and administrative expenses incurred in enforcing this Agreement.
11. _____ Lessor is not responsible for loss, theft, vandalism, damage, towing, immobilization, or mechanical failure of any vehicle or property stored on the premises. Lessee stores property entirely at their own risk and must maintain active insurance coverage.
12. _____ Lessee must notify Lessor of any changes to stored vehicles, contact information, or trucking company.
13. _____ Lessor may terminate this Agreement at any time with notice. Lessee has 3 days to remove property or it will be towed at Lessee's expense.
14. _____ Lessee is responsible for any damage caused to Lessor's property by Lessee or their guests.

LESSEE SIGNATURE:

[Signature will appear here once digitally signed]

Printed Name: _____ Date: _____

EMERGENCY CONTACT

Name: _____
Phone #: _____ Relationship to Lessee: _____

VEHICLE INFORMATION

Semi-Truck

Year: _____ Color: _____
Make: _____ Model: _____
Tag #: _____ State: _____
Actual Length (End-to-End): _____ Truck #: _____
Name/Logo on Truck: _____

Trailer

Year: _____ Color: _____
Make: _____ Model: _____
Tag #: _____ State: _____
Actual Length (End-to-End): _____ Trailer #: _____
Name/Logo on Trailer: _____

Personal Vehicle (if applicable)

Year: _____ Color: _____

Make: _____ Model: _____
Tag #: _____ State: _____

AUTOMATIC PAYMENT AUTHORIZATION

Billing Option (select one): ☐ Charge my credit card ☐ Charge my bank account (*Not available at this time*)

Name on Card/Account: _____

Billing Address: _____

City/State/Zip: _____

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number: _____ Exp: _____ CVV: _____

I authorize SH OH Truck Repair, LLC to charge my account on the 1st of each month for all charges incurred. I understand amounts may vary and that I may terminate this authorization in writing with reasonable processing time.

PAYMENT AUTHORIZATION SIGNATURE:

[Signature will appear here once digitally signed]

Printed Name: _____ Date: _____

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