

2060 Highway 65, New Richmond, WI 54017 PHONE: 715-246-2959 FAX: 715-246-5129

Motorcycle Storage Agreement

Name:			Phone: ()			
Address:						
City:			State:	Zip:		
Year:	Make:	Model:	VIN:			
	THIS CONTI	RACT LIMITS OU	R LIABILITY P	LEASE READ		
kind whats of the reta	soever except when il used motorcycle v		ır own negligence, and cle on the date of stora			
In no even	•	xtend to payment for lo	ss of use of vehicle, or	for loss of any articles left in	า	
	ER of the motorcyc d motorcycle is bein		ehensive insurance on	said motorcycle during the		
customer				. Additional charges will app . Motorcycle storage period	oly if	
Neither ou	r employees nor ag	ents may alter our liabi	lity under this contract	orally or otherwise.		
		ntract and acceptance of and agrees to the terr	•	itutes acknowledgment by t	he	
	_	e does NOT ne spring.		elivery back	to	
Accepted	by:					
Motorcycle Owner:				Date:		
St Croix Harley-Davidson & Buell Inc.			Date:			