

[Date]

[Landlord/Warehouseman/Bailee Name]

[Address]

[City, State, Zip Code]

Re: Collateral Access Agreement - [Borrower Name]

Dear [Contact Person Name],

This Collateral Access Letter ("Agreement") is entered into among [Lender Name] ("Lender"), [Borrower Name] ("Borrower"), and [Landlord/Bailee Name] ("Provider") regarding the premises located at [Full Address of Property] (the "Premises").

1. **Acknowledgment of Security Interest:** Provider acknowledges that Lender has a security interest in all of Borrower's personal property, including but not limited to inventory, equipment, and accounts receivable (the "Collateral"), which may be located at the Premises from time to time.

2. **Waiver of Liens:** Provider hereby waives and releases any and all liens, statutory or otherwise, and rights of distraint or levy it may have or hereafter acquire with respect to the Collateral for unpaid rent or other charges.

3. **Right of Entry:** In the event of a default by Borrower under its loan agreement with Lender, Provider agrees that Lender or its agents may enter the Premises during normal business hours to inspect, remove, maintain, or dispose of the Collateral.

4. **Notice of Default:** Provider agrees to provide Lender with written notice of any default by Borrower under the lease or storage agreement and allows Lender [Number] days to cure such default or remove the Collateral.

5. **Limitation of Liability:** Lender shall only be responsible for damages to the Premises physically caused by the removal of the Collateral by Lender or its agents. Lender shall not be liable for any rent or obligations owed by Borrower prior to Lender's entry.

6. **Duration:** This Agreement shall remain in effect until the Borrower's obligations to the Lender are satisfied in full or the Collateral is removed from the Premises.

Please acknowledge your agreement by signing below.

Sincerely,

[Lender Signature]

[Lender Name and Title]

[Borrower Signature]
[Borrower Name and Title]

AGREED AND ACCEPTED BY PROVIDER:

Signature
[Provider Name and Title]
Date: _____