

NEW CUSTOMER INFORMATION

GATE CODE: _____ UNIT #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____) _____ Work Phone(____) _____

Employment: _____ State: _____

Driver's License #: _____ State: _____

E-Mail Address: _____

Emergency or Alternate Contact not living with you.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____) _____

Others Authorized to Access Unit:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Description of Items to be Stored:

Household Goods Office / Records
 Vehicle (VIN #: _____)

Please disclose any lien holders on stored items (i.e., financed appliances):

How Did You Hear About Us?

Yellow Pages Referred
 Drive-By Previous Customer Other (_____)

Signature: _____ Date: _____