

Surprise Mini Storage Storage Application

Code Number: _____

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

License Plate Number: _____ / _____
number State

Auto Make & Model: _____

Email Address: _____

Place of Employment: _____

Phone Number: _____

Emergency Contact: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

List additional person(s) who are entitled to have access to Tenant's space. If such person(s) request, Lessor may disclose Tenant's access code and/or cut Tenant's lock.

Your time taken to complete this survey will assist us in determining how we can better serve you in the future

I heard about this storage Facility from:

_____ Yellow Pages _____ Driving by _____ Referral
_____ Previous Customer _____ Internet

I rented here because:

_____ Friendliness of Mgr. _____ Location _____ Security
_____ Closes to Home _____ Other

How long are you staying?

_____ 1 month _____ 2 - 4 mos. _____ 6 - 12 mos.
_____ 1 yr plus _____ Don't know

I am storing because I am:

_____ Moving into town _____ Moving out of town
_____ Waiting for new home

Contents that I am storing:

_____ Furniture or Boxes _____ Car
_____ Business Inventory _____ RV
_____ Business Records _____ Other
_____ Boat or Boat Equip. _____ Unknown
_____ Motorcycle

How far do you live?

_____ Less than 1 mile _____ 1 - 2 miles _____ 2 - 5 miles
_____ More than 5 miles

I would like to be invoiced 12 days before my due date: (check one)

_____ Yes, at a charge of \$2.00 / month. _____ No, do not invoice m

I would like to be on your credit card payment plan.

_____ Yes _____ No

Thank you for your cooperation. This application is part of your rental Agreement:

TENANT NAME: _____

SIGNATURE: _____

1e.

PLEASE FAX COMPLETED DOCUMENT TO: 623-584-0167