SELF STORAGE
TENANT & BUSINESS INFORMATION SHEET

Tenant Name:_____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____)_____ Cellular Phone: (____)_____

Social Security #: _____ Drivers License: _____

Email Address: _____ Invoice Fee $2.00 ( ) YES
Credit Card – ***No Fee*** ( ) YES
E-Mailed Invoice- ***No Fee*** ( ) YES

Military ( ) YES Name: _____ Contact Telephone: (____) _____
(Commanding Officer) (Commanding Officer)

Emergency or Alternate Contact – Authorized to Receive Late Calls or Notices

Name: _____ Telephone: (____)_____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer Name: _____ Telephone: (____)_____

Address: _____

City: _____ State: _____ Zip Code: _____

The above information is true to the best of my knowledge:

_____ Date: _____
(*Signature of Tenant)*

Marketing Information

How did you hear of us? Please check one.

☐ **Internet** ☐ **Yellow Pages** ☐ **Walk In/Drive By**
☐ **Mailer/Flyer** ☐ **Referral** ☐ **Other_____**

Why did you decide to store at this facility? Please check one.

☐ **Location** ☐ **Price** ☐ **Security Features**
☐ **Access Hours** ☐ **Previous tenant** ☐ **Manager/Service**