



## Customer Contact Information Form

### Personal Information

Full Name:

*First*

*Last*

*M.I.*

Address:

*Street Address*

*Apartment*

*City*

*State*

*ZIP Code*

Mobile Phone:

Alternate Phone:

Email:

SSN:

*Only Last Four Required*

Preferred Method of Contact: Email Text

### Additional Authorized/Emergency Contacts

Name:

Phone:

Authorized

Name:

Phone:

*Note: Authorized persons will need to present a photo ID in your absence. They will have full authority over your unit; may ask to cut the lock, may move out. We will give access code if requested.*

### Marketing

1. How did you hear about us?

2. How many other facilities did you contact?

3. Have you ever rented storage here or anywhere else before?

4. What type of items will you be storing?

5. How many miles do you live from here?

6. Reason for storage rental? Moving Renovating Business Estate Marriage/Divorce Other

7. Reason you chose this facility? \$1 Move In Referred Location Access Hours Rental Prices  
Security Management Cleanliness Features Advertising

8. Active Military? Yes No

9. Do you wish to wish to purchase insurance for your unit? Yes No

Date