



## 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:**

**Preferred Method of Contact:** Email

Text

*Only Last Four Required*

### Additional Authorized/Emergency Contacts

Authorized

**Name:**

**Phone:**

**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 purchase insurance for your unit?      Yes      No

Date