

**PLEASE CHECK ONE
BOX PER CATEGORY**

PRIMARY INFORMATION **GATE CODE 6-8 DIGITS** _____

FIRST NAME _____ **MIDDLE INITIAL** _____ **LAST NAME** _____

Address _____

City _____ State _____ Zip _____

Phone _____ Driver's Lic # _____ State _____

Mobile Phone _____ Email _____

ALTERNATE CONTACT:

FIRST NAME _____ **MIDDLE INITIAL** _____ **LAST NAME** _____

Address _____

City _____ State _____ Zip _____

Phone _____

WORK INFORMATION:

COMPANY PHONE _____ **EXT** _____

COMPANY NAME _____

WOULD YOU LIKE TO RECEIVE AN INVOICE BY MAIL? YES _____ **NO** _____ **INVOICE BY EMAIL?** YES _____ **NO** _____

WOULD YOU LIKE TO SET UP AUTOMATIC CREDIT CARD BILLING? YES _____ **NO** _____

SIGNATURE ►► _____ **DATE** _____

How Did You Hear About Us?

- Current Customer
- Drive-By
- Internet
- Other
- Previous Tenant
- Referral
- Yellow Pages

Gender

- Male
- Female

Distance

- < 3
- > 10
- 3 - 4
- 4 - 5
- 5 - 10
- Outside Country
- Outside State

Customer Type

- Residential
(Please go to Residential Type)
- Commercial
(Please go to Business Type)

Residential Type

- Apartment
- Home Owner
- Military
- Other
- Senior Citizen
- Student

Business Type

- Accounting
- Banking
- Distribution
- Government
- Hospital/Doctor
- Industrial
- Law
- Non-Profit
- Other
- Pharmaceutical
- Retail
- Service

What Is Stored

- All Contents of House
- Boat/Boat Equipment
- Business Inventory
- Business Records
- Car
- Furniture/Boxes
- Motorcycle
- Other
- RV

Reason for Storing

- Business Needs
- Estate
- Excess Stuff
- Marriage/Divorce
- Moving
- Other
- Renovating

Why This Facility

- 1st Choice
- Advertising
- Cleanliness
- Features
- Gate Hours
- Location
- Management
- Other
- Price
- Security
- Special Offer
- Truck/Trailer