

Storage Plus

Application for Storage Unit

Unit# _____ Access Code _____ How did you hear about us: _____

1. Tenant information (must have picture ID) This person will be held financially responsible for the storage unit.

First name: _____ Middle Initial: _____ Last Name: _____

Company Name (if Tenant is a business): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ SS# _____

Email Address: _____ DL# _____ State: _____

Date of Birth: _____ Vehicle Make: _____ Model: _____ Year _____

2. Other Ownership (must have picture ID to receive information)

Please list others who may have access to your code and storage unit as well as any information requested about the account. If listed here they will have the same rights as Tenant.

Name _____ Address _____ Phone# _____

Name _____ Address _____ Phone# _____

3. Alternate Contact

Someone who can contact you if we cannot in case of an emergency. We will not share billing or other information with this person.

First name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

4. Employer Information

Employer Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Work Department: _____ Supervisor: _____

5. Invoice

Would you like an invoice e-mailed to you each month (FREE)? _____ YES _____ NO

Would you like an invoice mailed to you each month (\$2.00 charge/month)? _____ YES _____ NO

Are you active or retired military? _____ YES _____ NO

Signature _____ Date _____