

CUSTOMER INFORMATION

NAME:			This section to be completed by company personnel
ADDRESS:			UNIT#
CITY:	STATE:	ZIP:	EXPECTED VACANCY: ___/___/___
HOME PHONE:	CELL PHONE:		AUTOPAY? Y N
WORK PHONE:	OTHER:		
EMAIL:			STATEMENT? Y N
EMPLOYER:			

ALTERNATE CONTACT SOMEONE NOT LIVING AT YOUR ADDRESS

NAME:			DRIVER LICENSE #
ADDRESS:			STATE: EXPIRES: ___/___/___
CITY:	STATE:	ZIP:	DATE OF BIRTH: ___/___/___
HOME PHONE:	CELL PHONE:		
WORK PHONE:	EMAIL:		GATE CODE:
MAP PINNED		IN WINSEN	

PLEASE LIST PERSON(S) WITH AUTHORIZED ACCESS OTHER THAN CUSTOMER:

NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

HOW DID YOU LEARN ABOUT US?

<input type="checkbox"/> BANNER	<input type="checkbox"/> FRIEND	<input type="checkbox"/> TV ADS/COMMERCIAL
<input type="checkbox"/> CURRENT CUSTOMER	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> YELLOW PAGES
<input type="checkbox"/> DRIVE BY	<input type="checkbox"/> PREVIOUS CUSTOMER	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> FLYER	<input type="checkbox"/> RADIO	
<input type="checkbox"/> INTERNET: _____	<input type="checkbox"/> REFERRAL: _____	
SEARCH PHRASE USED	NAME OF CUSTOMER WHO REFERRED YOU	

WHICH FEATURE(S) MOST INFLUENCED YOUR DECISION TO CHOOSE US?

<input type="checkbox"/> APPEARANCE	<input type="checkbox"/> PRICE
<input type="checkbox"/> LOCATION	<input type="checkbox"/> UNIT SIZE
<input type="checkbox"/> MANAGER CONTACT	<input type="checkbox"/> SECURITY
<input type="checkbox"/> OTHER: _____	

CUSTOMER SIGNATURE: _____ DATE: _____