

CUSTOMER INFORMATION

NAME:			This section to be completed by company personnel		
ADDRESS:			UNIT#		
CITY	STATE	ZIP			
HOME PH:	CELL PH		AUTOPAY? Y N		
WORK PH:	INITIAL HERE TO ACCEPT TEXT MESSAGES				
EMAIL:			STATEMENT: Y N		
EMPLOYER:					

ALTERNATE CONTACT SOMEONE NOT LIVING AT YOUR ADDRESS

NAME:			DRIVER LIC#		
ADDRESS:			STATE Expires ___/___/___		
CITY	STATE	ZIP	DATE OF BIRTH ___/___/___		
HOME PH:	CELL PH		GATE CODE:		
WORK PH:	EMAIL:		ACTIVE MILITARY Y N		
			CO NAME: PHONE #:		

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 / SIGN	<input type="checkbox"/> FRIEND	<input type="checkbox"/> FLYER
<input type="checkbox"/> CURRENT CUSTOMER	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> REVIEWS
<input type="checkbox"/> DRIVE BY	<input type="checkbox"/> PREVIOUS CUSTOMER	<input type="checkbox"/> OTHER STORAGE FACILITY
<input type="checkbox"/> FACEBOOK / INSTAGRAM	<input type="checkbox"/> RADIO	<input type="checkbox"/> Other: _____
<input type="checkbox"/> INTERNET: _____ SEARCH PHRASE USED	<input type="checkbox"/> REFERRAL: _____ 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:** _____