CUSTOMER INFORMATION

Who is unit for? _____

NAME			**FOR OFFICE USE**
ADDRESS			UNIT #
CITY	STATE	ZIP	
CELL PH #			GATE CODE
WORK / HOME PH #			DRIVER LIC #
EMAIL			STATE EXP ____/____/____
EMPLOYER			DATE OF BIRTH ____/____/____

ALTERNATE CONTACT - REQUIRED

			AUTOPAY? Y N
			INVOICE? Y N
NAME			EMAIL TEXT SNAIL MAIL $1
ADDRESS			SENT _____ # OF DAYS BEFORE DUE
CITY	STATE	ZIP	ACCEPT TEXT MSGS? Y N
PH #	ALT PH #		CELL PROVIDER
EMAIL			ACTIVE MILITARY? Y N
AUTHORIZED TO ACCESS? Y N			CO NAME & PH #

OTHER INDIVIDUALS AUTHORIZED TO ACCESS:

NAME	PHONE ( )
NAME	PHONE ( )
NAME	PHONE ( )

HOW DID YOU LEARN ABOUT US?

☐ BANNER / SIGN	☐ FACEBOOK / INSTAGRAM	☐ RADIO / TV
☐ CRAIGSLIST	☐ FLYER	☐ REVIEWS
☐ CURRENT CUSTOMER	☐ FRIEND	☐ OTHER STORAGE FACILITY
☐ SPECIAL	☐ NEWSPAPER	☐ YELLOW PAGES
☐ DRIVE BY	☐ PREVIOUS CUSTOMER	☐ OTHER _____
☐ INTERNET _____	☐ REFERRAL _____	
SEARCH PHRASE USED	NAME OF CUSTOMER WHO REFERRED YOU	

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

☐ APPEARANCE	☐ PRICE
☐ LOCATION	☐ UNIT SIZE
☐ MANAGER CONTACT	☐ SECURITY
☐ OTHER _____	

SIGNATURE _____ **DATE** _____