

**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? (\$2.00 fFEE)** 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/First Responder
- 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