

## CUSTOMER INFORMATION

NAME:		<i>This section to be completed by company personnel</i>	
ADDRESS:		UNIT#	
CITY	STATE		
HOME PH:	CELL PH	AUTOPAY?	Y      N
WORK PH:	<b>INITIAL HERE TO ACCEPT TEXTS</b>	STATEMENT:	Y      N
EMAIL:		DRIVER'S LIC # _____	
EMPLOYER:		STATE: _____ EXP ____/____/____	

<b>ALTERNATE CONTACT SOMEONE NOT LIVING AT YOUR ADDRESS</b>		DATE OF BIRTH ____/____/____	
NAME:		ACTIVE MILITARY: ____ Y    ____ N	
ADDRESS:		C.O. NAME: _____	
CITY	STATE	ZIP	<b>GATE CODE:</b> _____
HOME PH:	CELL PH		
WORK PH:	EMAIL:		

### 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"/> Craigslist	<input type="checkbox"/> Friend	<input type="checkbox"/> Previous Customer
<input type="checkbox"/> Current Customer	<input type="checkbox"/> Home Show	<input type="checkbox"/> Radio
<input type="checkbox"/> Drive-by	<input type="checkbox"/> Instagram	<input type="checkbox"/> Referred by: _____
<input type="checkbox"/> Facebook	<input type="checkbox"/> Internet	_____
<input type="checkbox"/> Flyer	<input type="checkbox"/> Other Storage Facility: _____	

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

<input type="checkbox"/> Appearance	<input type="checkbox"/> Price
<input type="checkbox"/> Dinosaur	<input type="checkbox"/> Reviews
<input type="checkbox"/> Location	<input type="checkbox"/> Security
<input type="checkbox"/> Manager Contact	<input type="checkbox"/> Unit Size

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_