

CUSTOMER INFORMATION

Name	Unit
Address	Lease No.
City State Zip	
Home Phone Work Phone	
Social Security # XXX-XX-	
Place of Employment	
ALTERNATE CONTACT (at address other than Lessee's)	Drivers Lic. # State
Name	Statement?
Address	
City State Zip	
Home Phone Work Phone	
Person(s) with Authorized Access	
1.	
2.	

HOW DID YOU LEARN ABOUT US?

Web Site Drive By Friend
 Direct Mailer Yellow Pages Manager
 Chamber of Commerce Other _____

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

Location Unit Size
 Price Security
 Appearance Manager's Presentation

Additional services offered, in particular _____

Customer Signature _____ Date _____