



# RENTAL AGREEMENT APPLICATION

Complete this form and bring it with you to the facility when renting a new storage unit in order to expedite the move-in process.

### THIS SECTION TO BE COMPLETED BY MANAGER

Unit #: \_\_\_\_\_ Lease #: \_\_\_\_\_ Code: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\* PLEASE PRINT \*\*\*

### TENANT INFORMATION

Name: \_\_\_\_\_ Tele #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name(s) Of Others Allowed Access To Your Storage Unit:

\_\_\_\_\_

### EMPLOYER OR COMPANY NAME

Name: \_\_\_\_\_ Tele #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT

Name: \_\_\_\_\_ Tele #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. How did you find our facility: (please circle one)

Yellow Pages   Referral   Sign   Previous Tenant   Advertising   Driving By   Website

2. Why did you choose our facility: (please circle one):

Location   Price   Security   Friendly Staff   Cleanliness   Access

3. How far is the facility from your office or home? \_\_\_\_\_