



New Business Customer Questionnaire

Business Name: _____

Business Email Contact Information: _____

Main Contact Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Alt. Phone: _____

Please choose four numbers for your gate code: _____

Driver's License #: _____ Social Security #: _____

Vehicle: _____ Plate Number: _____

Employer: _____ Date of Birth: _____

We have a one-month minimum rent requirement, and will not pro-rate or refund the first month's rent. (Initial here) _____

Alternate Contact in case of an emergency! (REQUIRED)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Customer Survey (Please circle all that apply. Thank You!)

1. Purpose of Storage?

Residential Commercial Charitable/Organization

2. How did you become acquainted with our facility?

Yellow Pages Drive By Referral Internet Other: _____

3. Why did you choose our facility?

Security Appearance Closest to home Lowest Cost Other: _____

4. Approximately how far is your home and/or business from our facility?

Less than 1 Mile 1-2 Miles 2-5Miles More than 5 Miles

5. Approximately how long do you plan on renting at our facility?

1 Month 2-4 Months 4-6 Months 6-12 Months 1 Year Plus Don't Know

6. What will you be storing with us?

Business Personal Household Records Other: _____

7. I am storing because I am:

Moving into Town Moving out of Town Waiting for a new House

Other: _____