



New Customer Questionnaire

Name:
Email Address:
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:

Do you wish to receive a monthly statement to notify you that your rent is due for a fee of \$1.00 each month? (Please circle one)
Yes No

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! (Only persons not residing in your home, if do not want alternate please write None on line)

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: