



New Business Customer Questionnaire

Business Name: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Other Contact Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Please choose four numbers for your gate code \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Contacts 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 (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: \_\_\_\_\_