

Neighborhood Storage Center

New Customer Information Sheet

Name: _____ Date: _____
 Address: _____
 City, State, Zip: _____
 Home #: _____ Cell #: _____ Work #: _____
 E-mail address: _____

Employed by: _____
 Employer's Address: _____
 Employer's phone number: _____
 Emergency Contact (not residing with you): _____
 Relationship to you: _____ Phone #: _____

I give this information knowing it will be used in establishing this account. I have no objection to inquiries being made to verify these statements. Should I change my address or employer during the period of occupancy of the rental space, I will notify you of such a change along with the new phone number(s). I understand this application is subject to the approval of the home office.

Signature of Applicant: _____ Date: _____

Please charge my VISA / MC / DISCOVER / AM EX card. Card # _____ Exp. Date _____ CVV2 _____

for the amount of \$ _____. One time only _____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually _____

____ Keep my credit card information on file for use if I call in to request it (verified by 4-digit authorization code – can be a name or number)

CODE: _____
 Signature of Applicant: _____ Date: _____

How did you hear about us?

<input type="checkbox"/>	Drive By
<input type="checkbox"/>	Internet
<input type="checkbox"/>	Yellow Pages
<input type="checkbox"/>	Referral
<input type="checkbox"/>	Previous Tenant
<input type="checkbox"/>	Coupon Book
<input type="checkbox"/>	Radio

How many sites did you shop?

<input type="text"/>

Have you used storage before?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Gender?

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male

Distance Traveled?

<input type="checkbox"/>	<2
<input type="checkbox"/>	>10
<input type="checkbox"/>	2-3
<input type="checkbox"/>	3-5
<input type="checkbox"/>	5-10
<input type="checkbox"/>	Outside Country
<input type="checkbox"/>	Outside State

Customer Type?

<input type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial

If Residential

<input type="checkbox"/>	Apartment
<input type="checkbox"/>	Home Owner
<input type="checkbox"/>	Military
<input type="checkbox"/>	Senior
<input type="checkbox"/>	Student

What is stored?

<input type="checkbox"/>	Boat/Boat Equipment
<input type="checkbox"/>	Business Inventory
<input type="checkbox"/>	Business Records
<input type="checkbox"/>	Car
<input type="checkbox"/>	Furniture/Boxes
<input type="checkbox"/>	Motorcycle
<input type="checkbox"/>	Other
<input type="checkbox"/>	RV

Reason for storing?

<input type="checkbox"/>	Business Needs
<input type="checkbox"/>	Estate
<input type="checkbox"/>	Excess Stuff
<input type="checkbox"/>	Marriage/Divorce
<input type="checkbox"/>	Moving
<input type="checkbox"/>	Other
<input type="checkbox"/>	Renovating

Why this facility?

<input type="checkbox"/>	Advertising
<input type="checkbox"/>	Cleanliness
<input type="checkbox"/>	Features
<input type="checkbox"/>	Gate Hours
<input type="checkbox"/>	Location
<input type="checkbox"/>	Management
<input type="checkbox"/>	Other
<input type="checkbox"/>	Price
<input type="checkbox"/>	Special Offer
<input type="checkbox"/>	Truck/Trailer

If Commercial

<input type="checkbox"/>	Distribution
<input type="checkbox"/>	Government
<input type="checkbox"/>	Hospital/Doctor
<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Law
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Other
<input type="checkbox"/>	Pharmaceutical
<input type="checkbox"/>	Service

10% off all packing and moving supplies at move in!