

Customer Information Sheet

NAME _____

BILLING ADDRESS _____

EMAIL _____

PHONE _____

ALTERNATE PHONE NUMBER _____

EMERGENCY CONTACT _____ **PHONE** _____

Location _____

Date into Storage _____

- If you require someone else other than yourself to have access to your storage unit please list their name/s below.
- Also he or she will have to provide a valid picture ID before entering the premises.

Note: These persons cannot Release your entire Goods from Storage.

PERSONS ALLOWED ACCESS

Print: _____

Sign: _____