

Greengate Self Storage
 6046 Route 30 West
 Greensburg, PA 15601
 724-838-7488 Telephone / Fax
 www.greengateselfstorage.com

CUSTOMER REGISTRATION FORM
 (PLEASE PRINT AND COMPLETE ALL AREAS)

CUSTOMER DATA

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 EMAIL: _____
 PHONE" () _____ FAX () _____

Employer:

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 PHONE () _____ FAX () _____


Emergency Contact: DIFFERENT ADDRESS & PHONE NUMBER

NAME: _____
 RELATIONSHIP: _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 PHONE () _____ FAX () _____

Access: (Others authorized with access on this account)

NAME: _____
 REALATIONSHIP: _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 HOME PHONE: _____ BUS PHONE _____

MISCELLANEOUS DATA

SOCIAL SEC # _____
 DRIVERS LIC # _____
 STATE _____
 PASS-CODE _____ 
 Unit Number plus 4 digit Security Number

HOW DID YOU LEARN ABOUT OUR FACILITY? (Check all the apply)
 Yellow Pages _____
 Referral _____
 Signage _____
 Repeat Customer _____
 Newspaper Ad _____
 Drive By _____
 Flyer _____
 Web Page _____

CUSTOMER TYPE _____
 (Personal or Business)

BUSINESS TYPE _____
 (Type of work you do)

DISTANCE IN MILES FROM FACILITY YOU LIVE (Check One)
 _____ 1-5, _____ 5-10, _____ 10-15
 _____ 15-20, _____ 20 OVER

WHAT IS YOUR REASON FOR NEEDING STORAGE SPACE?
 Moving, Seasonal Items, Home
 Remodeling, Home is for Sale, Limited
 Apartment storage, Work transfer
 New to area, Personal, Car
 Storage, etc: _____