

GREENGATE SELF STORAGE

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 (____) _____

MISCELLANEOUS DATA

SOCIAL SEC# _____

DRIVER LIC # _____

STATE : _____

PASS-CODE _____ 
Unit Number plus 4 digit
Security Number.

HOW DID YOU LEARN ABOUT
OUR FACILITY? (Yellow Pages,
Referral, Signage, Repeat Customer,
Internet Site, Drive By, Flyer)

CUST-TYPE: _____
(Personal or Business use)

BUS-TYPE _____
(Type of work you do)

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

Emergency Contact: **DIFFERENT PHONE NUMBER**

NAME : _____

RELATIONSHIP: _____

ADDRESS : _____

CITY : _____ STATE _____ ZIP: _____

PHONE (____) _____ FAX (____) _____

WHAT IS YOUR REASON FOR
NEEDING STORAGE SPACE?
Moving, Seasonal items, Home
remodeling, Home is for sale,
Limited apartment storage, Work
transfer, New to the area, personal,
Car storage, etc: _____

Access: (Others authorized with access on this account)

NAME : _____

RELATIONSHIP: _____

ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

PHONE HOME (____) _____ PHONE BUSINESS (____) _____

By virtue of my signature below, I hereby give permission for Greengate Self Storage to contact me using any of the information above for matters pertaining to my rental agreement.

Tenant Signature

Date