

Customer Information Sheet

Name: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Cell Phone: _____

Drivers License Number: _____ EXP _____

E-Mail Address: _____

Mailing Address if Different from Above

Street Address: _____ City: _____ St: _____ Zip: _____

Emergency Contact Information (should be different from above)

Name: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Cell Phone: _____

Employer

Name: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Cell Phone: _____

Access List (Please list all persons that you want to have authorized access)

1. _____ DL# _____

2. _____ DL# _____

In order to assist our marketing efforts we ask that you please answer the following questions.

How did you hear about us?

Drive By
Yellow Pages
Relative/Friend
Previous Customer
Craigslis
Internet(Site) _____

Other _____

Reason for Storing

Moving
Too Much Stuff
Renovation
Business Needs

If Business, what type?

Contractor Retail
Entertainment Salesperson

What is Stored

Furniture or Boxes
Business Inventory or Records
Car or Motorcycle
Boat or RV