

Customer Application Form

Office Use Only	:					
Date:		Storey 🗆	Vedder □	Prev	vious Customer:	YES - NO -
Unit Number:	Size:		Level:		Rate:	\$
Tenant Informat	tion (Please fill	in all blanks)				
First Name:				Last Name:		
Company Name:					(only if	customer is a business)
Address:					Suite #:	
City:		Province:			Postal Code:	
Home		Business			Mobile	
Telephone		Telephone:			Telephone:	
Driver's Lic.			Email		_	
Number			Address:			
VISA or M/C #	EXP:				Second I.D.	
	Access Mini-Storag	ne requires curr	ent valid nha	nto ID in order	to rent a locker	
	Access Milli Storag	je regunes cum	ent vana pri	oto ib ili oraci	to rem a rocker	
Employer Inform	nation					
Present		Phone			Length of	
Employer:		Number:			Employment:	
		•	•		•	•
Emergency Con	tact Information	on (Alterna	te Contac	t Family o	r Friend)	
					Phone	
First Name:		Last Name:			Number:	
Relationship:						
Do you wish to auth	norize this person	to enter your	storage uni	it?	YES [NO □
Persons Author	ized to Access	s Unit				
Planned Method	d of Payment:	VISA	M/C	Cash	Cheque	Debit
	-	•			-	
How did you hear about us?		Web Yellow pages Drive by Referral				
		Current customer Previous cu			ustomer Other	
The above informat	ion is accurate:				Date:	
		(signature required)				