

BUSINESS INFORMATION SHEET
(Information needed to prepare Rental Agreement if it will be listed Business Name)

Please fill in the following information so we can prepare your self-storage rental agreement. Please print or write legibly.

NAME

Business Name _____

- Sole Proprietorship Corporation General Partnership L.P.
 L.L.C. Other (List) _____

TAX ID: _____

BILLING CONTACT INFORMATION

Person to Contact: _____

Email address for emailed notices: Business doesn't have one

Work Phone: _____

Cell Phone of Contact Person: _____

Mailing Address: _____

PERSONAL INFORMATION OF PERSON SIGNING BELOW

Date of birth: _____

Driver's License # _____ State: _____

Other Photo Identification: _____

Type: _____

Identification #: _____

Social Security number: _____

AUTHORIZATION (please check one)

- You are an officer or manager of the above business, with authority to sign on behalf of the business, or
 You have written authority to sign for the business and have provided us a copy, executed by an officer or manager of the business, or
 You have oral authority to sign for the business and will promptly provide us with written authority from an officer or manager of the business.

ARE ANY OF THE FOLLOWING BEING STORED? (check all that apply)

Please list general description of what you will be storing:

ARE ANY OF THE FOLLOWING BEING STORED? (check all that apply)

- | | | | |
|------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> RV | <input type="checkbox"/> Trailer | <input type="checkbox"/> Boat |
| <input type="checkbox"/> O/B Motor | <input type="checkbox"/> Beer | <input type="checkbox"/> Liquor/wine | <input type="checkbox"/> Food |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Medical Device | <input type="checkbox"/> LP gas (non-BBQ) |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Ammunition | <input type="checkbox"/> Explosives | <input type="checkbox"/> Hazardous Materials |

HOW DID YOU HEAR ABOUT US? (check all that apply)

- Drive By FaceBook Craig's List Website
 Referred By: _____

NOTICE: For security and environmental protection purposes, photographing, and videotaping may occur and thumb printing of tenants or photocopying their driver's license may be required, at the facility owner's option. Owner has no duty to do so.

Signature: _____

Print Name: _____

Title: _____

Date Signed: _____

ACCESS RIGHTS FOR OTHERS

Access rights for others. List other person(s) you want specifically named in the rental agreement as people to whom we are authorized to provide your space number, access code, account status, or assistance with lock cutting, i.e., other persons who may break your lock on the storage unit (if necessary) to gain entry and to whom we may give a facility access code without us having to check with you for authorization.

Name: _____

Address: _____

Cell: _____ Work #: _____

Email: _____

Driver's License #: _____

Name: _____

Address: _____

Cell: _____ Work #: _____

Email: _____

Driver's License #: _____

Name: _____

Address: _____

Cell: _____ Work #: _____

Email: _____

Driver's License #: _____

EMERGENCY CONTACT (DIFFERENT FROM ACCESS RIGHT)

Emergency contacts. List other person(s) who we may contact in an emergency (fire, flood, missing lock, etc.). Do not list persons living with you. These persons may have access under the very limited circumstances (affidavit of death, incarceration, permanently missing, or permanently incapacitated) as listed in paragraph 1 of the lease.

Name: _____

Address: _____

Cell: _____ Work #: _____

Email: _____

Driver's License #: _____

AUTHORIZATION: If the self-storage rental agreement is not being signed by an owner, officer or manager of the business, the undersigned owner, officer or manager authorizes the above person to sign the lease on behalf of the business and personally guaranties payment of all charges due. Signatures received by Fax or email on this authorization are binding.

Signature: _____

Print Name: _____

Title: _____

Date Signed: _____