



\* = Information Needed to Rent Space. Life Storage will NOT Solicit your information.

*Name (First, Last)				
*Address			Apt.	
*City		*State		*Zip Code
*Home Phone	Work Phone		Cell Phone	
*Social Security Number	*Drivers License Number / State		*E-Mail address	
*Place of Employment:				
Address			Phone number	
<b>*Alternate/Emergency Contact (Address other than Lessee's)</b>				
Name			Phone number	
Address				
City		State		Zip Code
Person(s) with authorized access into the building:				Phone number
1.				
2.				
3.				
<b>Would you like your credit card debited each month with our FREE Auto-Pay Service? YES NO</b> By signing below, the credit card holder authorizes the company described above to charge the monthly rent, late fees, and any applicable sales taxes as per the terms of the agreement each month for the term of the occupancy or until the card holder cancels the authorization. <b>Type of card:</b> _____ <b>Card Number:</b> _____ <b>Expiration date:</b> _____ <b>Name as it appears on card:</b> _____ <b>Signature:</b> _____				
<b>Billing by mail is available for a monthly charge of \$1.00. Would you like to be billed by mail? YES NO</b> *Billing by E-mail is Free. Must Request at Sign up.				
<b>How did you hear about us?</b> (please circle one choice)				
Drive by	Yellow pages	Previous customer	Call center reservation	Direct Mailer
Current	Referral	Apartment Manager	Print Ad / Coupon	Internet / Web site
<b>What was the main reason you chose Life Storage?</b> (please circle one choice)				
Convenience / Location		Easy access	Great prices	Access hours
Security		Service	Climate Control	
<b>What is the distance from your home to this facility?</b>				
Less than 1 mile	1 – 3 miles	3 -5 miles	more than 5 miles	Out of town

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_