

## Storage Application Form

Tenant: \_\_\_\_\_  
Last Name First Name Middle Initial

Business Name (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

Yes, you can perform a credit check. My signature below authorizes my approval.

Authorizing Signature of Tenant: \_\_\_\_\_