

Monthly Storage Application

Date: _____ Account: _____ Storage Location: _____

Please Check One Method Of Payment:



_____ CASH/CHECK

SECTION 1: MUST BE FULLY COMPLETED:

Customer's Name _____ Additional User _____

Credit Card Payment: (please check one: ___ charge initial fee only. ___ charge every month.)

Account Number _____ Expiration Date _____

Security Code _____

Mobile Phone _____ Business Phone _____

Phone _____ Email _____

Street Address _____ Apartment _____

City _____ State _____ Zip Code _____

SECTION 2

Billing Address (if different)

Street Address _____ Apartment _____

City _____ State _____ Zip Code _____

Room _____

Terms and Conditions of Agreement

1. Space being engaged for the entire month. No allowance will be made for absence of any part thereof.
2. This agreement is for specific room shown above, no substitution or alternate vehicles will be allowed without prior written approval.
3. The Storage facility is not responsible for ANY articles left outside of the storage room.
4. Urent Storage is not responsible for any property or goods in your storage room unless separate insurance is purchased.
5. \$35 charge will be accessed each time a check is returned.

DO NOT STORE: FLAMABLES, FUELS, AMMUNITION, PAINT, EXPLOSIVES, ANIMALS or PERISHABLES

Failure to pay rent on time will result in:

- \$25 Late-fee charged: 5 days after due date.
- Denied Access to your storage room
- \$50 inventory and sale fee. 30 days after due date
- Assessment of lien and sale of stored goods.

The undersigned agrees to all terms and conditions

CUSTOMER SIGNATURE REQUIRED