

Customer Information Sheet

Size: _____
Unit: _____
Code: _____
Insurance # : _____
Coverage: _____

Name _____

Address _____

City/Province _____ Postal Code _____

Telephone Number _____

Fax _____ Email Address _____

Employment

Name _____

Address _____

City/Province _____ Postal Code _____

Telephone Number _____

Fax _____ Email Address _____

Alternate Contact

Name _____

Address _____

City/Province _____ Postal Code _____

Telephone Number _____ Fax _____

Identification

Driver's License Number

S.I.N

VISA

Other

How did you hear about Centron Self Storage?

- | | | | |
|--------------------|--------------------------|----------|--------------------------|
| Yellow Pages | <input type="checkbox"/> | Signs | <input type="checkbox"/> |
| Advertising | <input type="checkbox"/> | Referral | <input type="checkbox"/> |
| Returning Customer | <input type="checkbox"/> | Friend | <input type="checkbox"/> |
| Buddy System | <input type="checkbox"/> | Mover | <input type="checkbox"/> |
| Website | <input type="checkbox"/> | | |