



# NORTH ROYALTON SELF STORAGE

A LEADER STORAGE LOCATION

## TENANT CONTACT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ WORK/HOME PHONE \_\_\_\_\_

## ALTERNATE CONTACT (REQUIRED)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ WORK/HOME PHONE \_\_\_\_\_

WOULD YOU LIKE THIS PERSON TO HAVE GATE ACCESS? \_\_\_ YES \_\_\_ NO

## INSURANCE

I WILL BE PURCHASING STORSMART INSURANCE \_\_\_ YES \_\_\_ NO \* IF NO, PROVIDE DECLARATION PAGE

I CERTIFY THAT I HAVE INSURANCE THAT COVERS LOSS OR DAMAGE FOR THE STORED PROPERTY AT THIS FACILITY.

I UNDERSTAND THAT IF I DO NOT HAVE INSURANCE OR MY INSURANCE LAPSES, I AM PERSONALLY RESPONSIBLE FOR ANY LOSS OR DAMAGE TO MY GOODS, AND THAT NORTH ROYALTON SELF STORAGE IS NOT RESPONSIBLE NO MATTER HOW THE LOSS OR DAMAGE OCCURS.

## CREDIT CARD INFORMATION (REQUIRED)

CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_ CVV \_\_\_\_\_

BILLING ADDRESS SAME AS ABOVE \_\_\_ YES \_\_\_ NO IF NO, PLEASE PROVIDE BELOW

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

## AUTOPAY

I AUTHORIZE THE MANAGEMENT OF NORTH ROYALTON SELF STORAGE TO CHARGE MY CREDIT/DEBIT CARD, SPECIFIED ABOVE, FOR CHARGES INCURRED ON MY BILLING DATE EACH MONTH. I UNDERSTAND THAT THE AMOUNT MAY VARY EACH MONTH. I UNDERSTAND THAT I MAY TERMINATE THIS AGREEMENT BY GIVING NOTICE IN WRITING AND NEED TO ALLOW A REASONABLE AMOUNT OF TIME FOR THE COMPANY TO ACT UPON THIS NOTICE. I ALSO UNDERSTAND THAT ADDITIONAL SERVICE CHARGES MAY APPLY IF MY PAYMENT IS RETURNED DUE TO INSUFFICIENT FUNDS.

PLEASE ENROLL ME IN AUTOPAY.

\_\_\_\_\_ CHARGE MY CARD ON MY ANNIVERSARY BILLING DAY

\_\_\_\_\_ I AM DECLINING AUTOPAY

## ELECTRONIC COMMUNICATION

I AGREE TO EMAIL MESSAGES \_\_\_ YES \_\_\_ NO

I AGREE TO TEXT MESSAGING \_\_\_ YES \_\_\_ NO IF YES, CARRIER FEES/DATA CHARGES MAY APPLY.

TENANT MAY OPT OUT ANYTIME BY REPLYING 'STOP.'

## TITLED PROPERTY/VEHICLES

I WILL BE STORING TITLED PROPERTY \_\_\_ YES \_\_\_ NO IF YES, PLEASE FILL OUT STORED VEHICLE FORM

## SERVICE MEMBER CIVIL RELIEF ACT

DOES SMCRA APPLY TO YOU OR YOUR SPOUSE? \_\_\_ YES \_\_\_ NO

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_