



ROUTE 303 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 ROUT E 303 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 RT 303 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 MESSAGES ___ 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 _____