



CUSTOMER DATA

Gate Code _____

Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email: _____

Work Phone _____ S. S. # _____

Alternate Contact _____

Home Phone _____ Cell Phone _____

Authorized Access User(s) _____

Rent is due on or before the same day of each month, which the commencements date of your lease. A bill will not be sent to you.

Check here if you would like an invoice sent to you (\$1.00 charge per month)

Check here for monthly automatic credit card charge. (Form on back)

NO, I DO NOT wish to take insurance on my stored property. I understand that this storage facility is not responsible for loss or damage to my property while it is stored here, whether it is insured or not.

SIGNATURE

DATE

UNIT

I DO understand that my rent is due on or before the ____ of the month. I also understand that ValGard Self Storage DOES NOT PRORATE RENT. TEN DAYS NOTICE MUST BE GIVEN PRIOR TO MOVE OUT AND ALL SUMS DUE MUST BE PAID IN FULL. My property must be removed from my unit and off the premises on ____ of the month, BEFORE the close of business day. I must leave my unit clean and in good condition with the lock removed in order for it to be considered vacant.

Lessee's Signature

Unit(s) _____

Owner/ Representative

www.valgardselfstorage.com