

**West 29 Storage Units L.L.C.**

5746 Old 29 Dr., Green Bay, WI 54313

920- 819-2706

**CUSTOMER APPLICATION**

Name \_\_\_\_\_  
(First) (MI) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Drivers license # \_\_\_\_\_

Birth Date: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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**IF WE CAN NOT LOCATE YOU WHO ELSE COULD WE CONTACT? (Friend, Spouse, Brother, Sister, Parent)**

Alternative Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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How did you hear about us? (circle one)

Yellow pages

TV

Referred

Radio ad

Sign (Passing by)

Previous Customer

Newspaper ad

Other \_\_\_\_\_

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Brief description of what will be stored in unit \_\_\_\_\_

\_\_\_\_\_  
**(NOTE: It is recommended that a renter's insurance policy be purchased to insure contents of unit. Landlord is not responsible for any loss or damage to contents of unit.)**

**WITH THIS APPLICATION I AM PAYING THIS DEPOSIT ON A STORAGE UNIT. I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER AUTHORIZE YOU OR YOUR AGENT TO INVESTIGATE THE INFORMATION FURNISHED BY ME. I AGREE THAT THE LANDLORD MAY TERMINATE ANY AGREEMENT ENTERED IN RELIANCE ON ANY MISINFORMATION STATED ABOVE.**

**APPLICANT SIGNATURE:** \_\_\_\_\_

(THIS APPLICATION WILL NOT BE PROCESSED WITHOUT PROPER SIGNATURE)

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**(DO NOT WRITE BELOW THIS LINE)**

STORAGE UNIT #: \_\_\_\_\_

SIZE: \_\_\_\_\_

RENT: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

START DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_