

Hanson's Self-Storage LLC

STORAGE: PO Box 2339

RENTAL OFFICE: 1875 Old Florence Way, P. O. Box 2339
West Wendover, NV 89883
775-664-4040

CUSTOMER SIGN-UP FORM **(Legal Address & Important Information)**

1. Customer

First Name _____ Middle Initial _____ Last Name _____

Company Name (only if customer is a business) _____

P. O. Box or Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ Apt. or Space Number _____

City _____ State _____ Zip _____

Phone: Home _____ - _____ - _____ Cell _____ - _____ - _____ Fax _____ - _____ - _____

E-mail Address _____

Driver's License # _____ DL State _____ Social Security # XXX-XX-_____

2. Alternate Contact

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ PO Box or Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Ext. _____

Cell Phone _____ - _____ - _____ E-mail Address _____

3. Employer Information

Employer Name _____

Street Address _____

City _____ State _____ Zip _____

Work Phone _____ - _____ - _____ Ext. _____ Job Department _____

4. Vehicle & RV Information (REQUIRED WHEN STORING VEHICLE, RV, TRAILER, ...)

License Plate _____ State of Vehicle License _____

Vehicle/RV Description: Make _____ Model _____ Year _____

Color _____ Size or Footage _____ VIN # _____

Insurance Info. _____

I, _____, have provided complete, current and accurate customer/contact information.

(Tenant Signature)

(Unit Number)

(Date)