BEDFORD SELF STORAGE

APPLICATION

PRIMARY CONTACT

Date _____

Name _____ Home # _____

Address _____ Work # _____

_____ Cell # _____

City, State, Zip _____ Fax # _____

Form of payment: No monthly invoices sent, unless requested

Options; Automatic Debit/ Credit Card monthly? YES ____ NO ____

Email _____

Occupation _____ Size of unit interested in? _____

Driver License # _____ License Plate # _____

Intended use for unit? _____

4 Digit Access Code to enter gate ___ ___ ___ ___ Code can not start with zero "0"

TENANT'S SIGNATURE _____

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