



CHAPEL HILL SELF STORAGE CENTRE
 1892 Buchholzer Blvd. • Akron, OH 44310 • **330-633-4020**
FAX: 330-633-6030

Today's Date: _____ Rented By: _____

First Name: _____ M.I.: _____ Last: _____

Address on Driver's License or State I.D.: _____

Address during rental, if different from above: _____

 (Post Office Box is ok for mailing, but must provide permanent address.)

Home Phone: _____ Work Phone: _____

Work Name & Address: _____

License or I.D.#: _____ State of DL or ID: _____ Expires: _____

Date of Birth: _____ Social Security #: _____

ALTERNATE CONTACT:

Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Spouse's Name: _____

Other Authorized Person(s): _____ Relationship: _____

Address: _____ Phone: _____

VEHICLE INFORMATION:

Plate #: _____ Make: _____

Model: _____ Year: _____ Color: _____

BILLING INFORMATION:

DISCOUNTS APPLIED: _____ Approved By: _____

Rent to be automatically charged each month at Renter's request? _____ If yes, initial.

Unit Number(s): _____ Monthly Rent: _____ due on the 1st.

Move Out Date: _____ Refund Date: _____

Signature: _____