South Eugene Storage, LLC
86430 Franklin Blvd.
Eugene, OR 97405
(541)-461-7874
Manager@southeugenestorage.com

Date_____ **Space #** _____

Price $_____

RENTER RV APPLICATION

Renter's Personal information:

Name:_____ E-mail Address:_____

Address:_____City: _____ State:_____Zip:_____

Home phone:_____ Business phone: _____ Cell phone:_____

Driver license #: _____ Date of Birth:_____/_____/_____

Please choose your gate access code:_____ (minimum four digits)

I would prefer to have my monthly invoices: ☐ **Mailed** ☐ **E-mailed**

Emergency Contact person: (relative or friend not residing at the same address): Please fill in all fields.

Name:_____

Address:_____City: _____ State:_____Zip:_____

Home phone:_____ Business phone: _____ Cell phone:_____

Is the vehicle operable and registered? ☐**Yes** ☐**No** ***Copy of registration required.**

Description of vehicle that will be stored in RV space: Year_____ **Make/Model**_____

Are there any third party individuals or businesses that hold a security interest or lien on the vehicle being stored?
☐**Yes** ☐**No. If Yes, Please provide the information below.**

1. Name:_____
Address:_____
City/State/Zip:_____/_____/_____
Telephone Number:_____

2.Name:_____
Address:_____
City/State/Zip:_____/_____/_____
Telephone Number:_____

How did you hear about us? ☐ **Qwest Dex** ☐**Yellow Book** ☐**Rented Before** ☐**Live Close By** ☐**Referral** ☐**SES Website**
☐**Craigslist** ☐**Driving By** ☐ **Internet** _____ ☐ **Other** _____

Are you interested in auto-billing payment method? ☐ **Yes** ☐ **No. If yes, please fill out the Auto-pay Authorization form.**

Applicant attests that information being provided is accurate and verifiable.

Renter's Signature_____ **Date**_____