



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

Date _____ Unit # _____
 Unit Size _____ Price \$ _____

RENTER STORAGE 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 of 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: _____

What will be stored in the storage unit? Household Items Business Items Vehicle – Copy of vehicle registration required

Will anyone else be storing items in the unit? Yes No. If yes, please provide the information below.

1. Name: _____

2. Name: _____

Address: _____

Address: _____

City/State/Zip: _____ / _____ / _____

City/State/Zip: _____ / _____ / _____

Telephone Number: _____

Telephone Number: _____

Are there any third party individuals or businesses that hold a security interest or lien on the property being stored?

Yes No. If Yes, Please provide the information below.

1. Name: _____

2. Name: _____

Address: _____

Address: _____

City/State/Zip: _____ / _____ / _____

City/State/Zip: _____ / _____ / _____

Telephone Number: _____

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 _____