



South Eugene Storage, LLC
 86430 Franklin Blvd
 Eugene, OR 97405
 541-461-7874

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: _____ (Four Numbers)

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

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____

Is this person allowed access to unit and/or account information?

Circle One: **YES-** Information ONLY **YES-** Access / Ability to make changes **NO-** To be used as Emergency Contact only

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?

Anyone else allowed access to Unit and/or account information?

Name: _____

Name: _____

Address: _____

Relationship: _____

City/State/Zip: _____ / _____ / _____

Telephone Number: _____

Telephone Number: _____

Level of access: _____

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? SES Website Yellow Book Rented Before Live Nearby Referral _____

Internet Driving By Another Facility _____ Other _____

Are you interested in Auto-Pay? Yes No *If yes, please complete the Auto-Pay Authorization Form.

I hereby certify that the information provided above is true and accurate to the best of my knowledge.

Signature of Applicant _____

Date _____