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:

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?

Name:_____

Address:_____

City/State/Zip:_____/_____/_____

Telephone Number:_____

Is anyone allowed access to unit and/or account information

Name: _____

Relationship:_____

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:_____
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.**

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

Signature of Applicant _____ **Date**_____