



## INSOMNIAC Self Storage Network – Marketing Partner Authorization Form

OpenTech Alliance, Inc. 2501 W. Dunlap Ave. Suite 255, Phoenix, AZ 85021 Phone: 602 749 9370 Fax: 602 324-8658

Network Member requests under the terms and conditions of its existing Network Member Agreement dated \_\_\_\_\_ that the following update(s) be completed by OpenTech by either granting or denying access for all of its facilities to the specific Marketing Partner(s) as directed below.

If Network Member requires Access for a given Marketing Partner(s) for specific facilities then please complete this form for each Marketing Partner and identifying the facilities on page 2.

### Network Member Information

Name:		Account ID:	
Address:			
Contact Name:		Phone (work):	
Contact Email:		Phone (cell):	
OpenTech BDM:		PMSoftware*:	

### Marketing Partner Authorization Request

Marketing Partner (contact information)	Access Request	
	Grant	Deny
US Self Storage Locator ( <a href="http://www.USSelfStorageLocator.com">www.USSelfStorageLocator.com</a> 305.945.7561 Tony Prada)		

**Please complete above form and fax to OpenTech at 602.324-8658**

### Network Member

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)



## INSOMNIAC Self Storage Network – Marketing Partner Authorization Form – Page 2

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### Network Member Facility Information

<b>Action to be Performed</b>	<b>ADD _____</b>	<b>Delete _____</b>	
Facility Name:			
Address:			
Contact Name:		Phone (work):	
Contact Email:		Phone (cell):	
<b>Action to be Performed</b>	<b>ADD _____</b>	<b>Delete _____</b>	
Facility Name:			
Address:			
Contact Name:		Phone (work):	
Contact Email:		Phone (cell):	
<b>Action to be Performed</b>	<b>ADD _____</b>	<b>Delete _____</b>	
Facility Name:			
Address:			
Contact Name:		Phone (work):	
Contact Email:		Phone (cell):	
<b>Action to be Performed</b>	<b>ADD _____</b>	<b>Delete _____</b>	
Facility Name:			
Address:			
Contact Name:		Phone (work):	
Contact Email:		Phone (cell):	
<b>Action to be Performed</b>	<b>ADD _____</b>	<b>Delete _____</b>	
Facility Name:			
Address:			
Contact Name:		Phone (work):	
Contact Email:		Phone (cell):	

*Duplicate page as necessary to supply additional Network Members (Facilities) as required or provide a separate information sheet.*