

Customer Information Form

Facility	storEDGE Demo 1	Date	March 23, 2018
Phone	(913) 701-3903	Unit	B107
Address	1234 Storage St.	Note:	

Customer Information:

Name:	Todd T Todderson				
Street:	1234 Todd Street				
City:	Ellensburg	State:	WA	Zip:	98926
Home:		Cell:	(509) 555-6969		
Identification No:		State:			
Email Address:	Todd@Todd.com				

Military Information: (If active or reserves, please complete, if no military or veteran (retired), leave blank)

Branch					
Commander					
Address					
City:		State:		Zip:	
Phone		Email			

Alternate / Emergency Contact Information : (must be someone at another address)

Name:					
Street:					
City:		State:		Zip:	
Home:		Cell:			

Invoicing: Please Select One

<input type="checkbox"/> [check noreq signer1]	Send My Invoice By Mail (\$1 / Month Service)
<input type="checkbox"/> [check noreq signer1]	Send My Invoice By Email (No Charge, Email Address Must Be Provided)
<input type="checkbox"/> [check noreq signer1]	No Invoice Sent

The above information is true to the best of my knowledge

[sig|req|signer1]

March 23, 2018

Signature of Customer

Date

AUTO PAY AUTHORIZATION ADDENDUM

FOR

storEDGE Demo 1
1234 Storage St., Kansas City, KS, 66205
(913) 701-3903

Please select one of the following options for unit: B107

[check|noreq|signer1]

Option #1: Auto Pay Program: My monthly payment will be automatically charged to the account listed below on the first day of the month.

I, Todd T Todderson, authorize the above named storage facility to automatically debit my credit card, debit card or my checking account listed below. I understand such charges and debits for rental payments and other related charges, per the Agreement, will normally occur on the monthly rental payment due date for as long as I remain an occupant in the listed unit(s) or until such time as I deliver a written notice terminating this authorization. Such termination notice, if given, is to be in writing to the address above. I also understand the amount debited will automatically increase or decrease as the rental rates increase or decrease per the Agreement. I also agree to hold the above named storage facility, its Owners, Agents and Employees, harmless from any and all liability as a result of its activities in connection with such transactions.

If the transaction is declined in any manner, or if the card has expired, we will attempt to give you a courtesy call giving you the option to make other payment arrangements. I understand it is my responsibility to maintain the credit card, debit card or checking account in good standing. If other payment arrangements are not made, I will be subject to the lien enforcement procedures stated in the Agreement. I understand I will also be liable for any unpaid rent and/or fees identified in the Agreement.

Card Types Accepted

Master Card | Visa Card | Discover Card | American Express

Card Number	[text noreq signer1]
Name On Card	[text noreq signer1]
Expiration Date	[text noreq signer1]
CVC Code	[text noreq signer1]

[check|noreq|signer1]

Option # 2: Personal Payment Responsibility: I decline to provide a credit card, debit card or checking account for my payment to be charged or withdrawn automatically. I understand I am responsible for making my payment on time each month until the Agreement is terminated.

[sig|req|signer1]

Signature of Customer

March 23, 2018

Date