

Customer Information Sheet

Delaware Valley Storage Farm

1133B NJ-12 Frenchtown, NJ 08825

DELVALSTORAGE@GMAIL.COM

908.827.1135

Customer Information

Full Name:

Last *First* *M.I.*

Billing Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone:

[Phone]

Driver's License:

Invoice Method: Email or Recurring CC Charge

Email Address: _____

Storage Unit Information

Vehicle Storage Description (Year/Make/Model/Color) of vehicle being stored:

Storage Unit Size: _____

Monthly Rate: _____

Unit Number: _____

Signature: _____ Date: _____

Please be sure to send an email to DELVALSTORAGE@gmail.com with at least **10 days' notice** of intent to move out of storage. That gives me time to remove you from billing and take credit card off file so it's not processed for the next month of storage. By filling out this form, you agree to our policies and lease agreement. **DO NOT** leave any items at our facility without **PRIOR APPROVAL**. You will be given an assigned space, an agreement to sign and payment. Your items will be removed/towed if there is no documentation that your items are stored at this facility and will not be protected from damage or theft.

FOR OFFICE USE ONLY

Date Received: _____

Access Code Set: _____

Memorize Invoice: _____

Recurring CC set up: _____

Add to MSS: _____

Approved: YES NO