

# Hanson's Self-Storage LLC

STORAGE: PO Box 2339  
RENTAL OFFICE: 1875 Old Florence Way, P. O. Box 2339  
West Wendover, NV 89883  
775-664-4040

## CUSTOMER SIGN-UP FORM (Legal Address & Important Information)

### 1. Customer

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Company Name (only if customer is a business) \_\_\_\_\_  
P. O. Box or Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. or Space Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Driver's License # \_\_\_\_\_ DL State \_\_\_\_\_ Social Security # XXX-XX- \_\_\_\_\_

### 2. Alternate Contact

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ PO Box or Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

### 3. Employer Information

Employer Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Job Department \_\_\_\_\_

### 4. Vehicle & RV Information (REQUIRED WHEN STORING VEHICLE, RV, TRAILER, ...)

License Plate \_\_\_\_\_ State of Vehicle License \_\_\_\_\_  
Vehicle/RV Description: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Color \_\_\_\_\_ Size or Footage \_\_\_\_\_ VIN # \_\_\_\_\_  
Insurance Info. \_\_\_\_\_

I, \_\_\_\_\_, have provided complete, current and accurate customer/contact information.

\_\_\_\_\_  
(Tenant Signature)

\_\_\_\_\_  
(Unit Number)

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