



Size:	
Unit:	
Code:	
Insurance #:	
Coverage:	

CUSTOMER INFORMATION SHEET

Name: _____
Address: _____
City/Province: _____
Postal Code: _____
Telephone: _____ Fax: _____
Email: _____

EMPLOYMENT

Employer: _____
Address: _____
City/Province: _____
Postal Code: _____
Telephone: _____ Fax: _____

ALTERNATIVE CONTACT

Name: _____
Address: _____
City/Province: _____
Telephone: _____ Fax: _____

IDENTIFICATION

Driver's License: _____
S.I.N: _____
VISA: _____
Other: _____

How did you hear about Centron Self Storage?	
<input type="checkbox"/> Yellow pages	<input type="checkbox"/> Signs
<input type="checkbox"/> Advertising	<input type="checkbox"/> Referral
<input type="checkbox"/> Returning Customer	<input type="checkbox"/> Friend
<input type="checkbox"/> Buddy System	<input type="checkbox"/> Mover
<input type="checkbox"/> Web Site	