

STORAGE BY GEORGE!
1135 GOLDEN GATE DR.
NAPA, CA 94558
OFFICE# 707/224-8400 FAX# 707/224-8433

TENANT INFORMATION:

NAME: _____ DRIVER'S LIC#: _____

STREET ADDRESS: _____ APT.# _____

CITY: _____ STATE: _____ ZIP: _____

HOME PH: (_____) _____ FAX: (_____) _____ CELL: (_____) _____

E-MAIL ADDRESS: _____

I would like to hear by E-mail about storage news and wine offerings from Storage By George and Napa Valley Wine Storage

EMPLOYER: _____ PH: (_____) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

2ND CONTACT:

WE MUST HAVE A 2ND CONTACT PERSON WHO LIVES AT A SEPARATE ADDRESS

NAME: _____ PH: (_____) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NOTE: 2ND CONTACT PERSON IS ONLY AUTHORIZED TO ACCESS YOUR UNIT IF THEIR NAME IS INCLUDED IN THE ACCESS SECTION BELOW

PERSONS WITH ACCESS TO YOUR UNIT:

PLEASE LIST ANY OTHER PERSONS TO WHOM YOU WILL GIVE ACCESS TO YOUR UNIT. IT IS YOUR RESPONSIBILITY TO PROVIDE THE INDIVIDUALS LISTED BELOW WITH THE KEY AND THE GATE CODE.

- 1. _____ 2. _____
- 3. _____ 4. _____

PAYMENT OPTIONS: WE ACCEPT CASH, CHECKS AND CREDIT CARDS

DO YOU WANT TO AUTHORIZE STORAGE BY GEORGE! TO AUTOBILL YOUR CHECK/CREDIT CARD FOR YOUR MONTHLY RENT? YES: _____ NO: _____

IF YES, PLEASE CIRCLE: MASTERCARD VISA AMEX

ACCOUNT # _____ EXP. DATE: _____

SIGNATURE: _____ **DATE:** _____

(PLEASE NOTE : THERE IS A \$1.00 CHARGE FOR EACH MONTHLY BILL OR CREDIT CARD RECEIPT MAILED TO YOU)