



BUSINESS STORAGE APPLICATION

Tax ID#

Company Name

FIRST

LAST

Position

Address

Floor/Suite/Apt.

City

State

Zip

Telephone

E-mail Address

ALTERNATE CONTACT

FIRST

LAST

Position

Telephone

E-mail Address

X _____ Date _____
SIGNATURE OF APPLICANT - Must be the same person who signs the Occupancy Agreement.

All information is kept confidential. The Occupancy Agreement requires you to carry insurance. Samson Mini Storage LLC is not responsible to the occupants or others for damages, loss, or injury to property or persons for any cause whatsoever.