

**Bethlehem Self Storage**  
**1650 Gary Street**  
**Bethlehem Pa. 18018**  
**610-625-5900**

**Customer Sign up Form**

**1. Customer Information**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Company Name (only if customer is a business) \_\_\_\_\_

Street Address (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Driver's License Number \_\_\_\_\_ Driver's Lic State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_

**2. How Did You Learn About Us? ( Please check all that apply)**

<input type="checkbox"/>	Web Site/Internet Search	<input type="checkbox"/>	School Web Site	<input type="checkbox"/>	Employer Web Site
<input type="checkbox"/>	Billboard	<input type="checkbox"/>	Yellow Pgs/ Yellow Book	<input type="checkbox"/>	Employer Discount
<input type="checkbox"/>	Brochure/Flyer	<input type="checkbox"/>	Referred by Friend	<input type="checkbox"/>	F. H. Resident
<input type="checkbox"/>	Saw the Building	<input type="checkbox"/>	Other ( <i>Explain</i> ):		

**3. Alternate Contact**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**4. Employer Information**

Employer Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I the undersigned, hereby certify that the above is true and correct and contains my legal address. I also agree to notify Bethlehem Self Storage in writing of any changes to the above information in a timely manner.

Tenant Signature	Date
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**\* State or Employer Photo ID Is Required**