

## CARS autostorage TENANT INFORMATION SHEET

Please fill in the following information so we can prepare your self-storage rental agreement:

1. Your name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)
  2. Date of Birth \_\_\_\_\_ Email \_\_\_\_\_
  3. Mailing Address \_\_\_\_\_  
(P.O. Box or Street Address)  
\_\_\_\_\_  
(City, State, Zip)
  4. Employer's Name \_\_\_\_\_
  5. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_
  6. Are you in the Military or National Guard?  Yes  No
  7. Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  8. What 4 digit access code would you like to use? (**Do not start code with 0, 1, or 2**) \_\_\_\_\_
  9. Vehicle(s) License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_
  10. Description of Vehicle(s): \_\_\_\_\_
  11. *Access rights for others:* List other person(s) you want specifically named in the rental agreement as having access rights to the space without us having to check with tenant for authorization:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_
  12. *Emergency Contacts:* List other person(s) we may contact in an emergency (fire, flood, etc.). These persons may have access under very limited circumstances (affidavit of death, incarceration, permanently missing or incapacitated) as listed in paragraph one of the lease.  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_
  13. How long do you anticipate using our facility? \_\_\_\_\_
  14. When do you want to move in? \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TENANT TO PROVIDE THE FOLLOWING - Copy of Driver's License, Car Title and Insurance for Each Vehicle  
\$200.00 refundable deposit required. Tenant must give 30 days' written move-out notice or forfeit deposit.  
Billing is quarterly to a credit card (monthly upon request). No partial month billings.**

*Please Return Info Sheet to Kathy Nagel at Corporate Offices of Armstrong Berger  
via Fax: 214-871-0894 Phone: 214-871-0893 Email: cars@armberg.com  
or Mail to: CARS autostorage, P.O. Box 191145, Dallas, TX 75219*