

**Fountain Hill Self-Storage**  
**701 N Clewell St**  
**Bethlehem, PA 18015**  
**610-954-0600**  
[WWW.FOUNTAINSTORAGE.COM](http://WWW.FOUNTAINSTORAGE.COM)

**Customer Sign up Form Confirmation**

**1. Customer**

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

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

Address (NO P.O. Boxes) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_ / \_\_\_\_\_

Email Address \_\_\_\_\_

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

Employer Name \_\_\_\_\_ Employer City & State \_\_\_\_\_

\* If Occupant/ Occupant's Spouse is Military: Branch \_\_\_\_\_ Military ID No. \_\_\_\_\_

Deploying For Active Duty? \_\_\_\_\_ If YES, When? \_\_\_\_\_

**2. Alternate Contact/Emergency Contact**

Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_

**\*IF ALTERNATE PERSON/EMERGENCY CONTACT INFORMATION IS REFUSED,  
 OCCUPANT WILL PLEASE SIGN HERE X \_\_\_\_\_**

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

\_\_\_\_\_

**\*Government Issued Photo ID is REQUIRED!**

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

<input type="checkbox"/>	Employer Web Site	<input type="checkbox"/>	School Web Site	<input type="checkbox"/>	Google
<input type="checkbox"/>	Billboard/Sign	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Yelp
<input type="checkbox"/>	Brochure/Flyer	<input type="checkbox"/>	Referred by Friend	<input type="checkbox"/>	Other
<input type="checkbox"/>	Saw the Building/Drive By	<input type="checkbox"/>	Woodmont Mews	<input type="checkbox"/>	

# TENANT RESPONSIBILITY ADDENDUM

Your signature on this lease addendum is required as proof that customer storage insurance has been made available to you. The addendum will be retained by this facility as part of your lease or rental agreement. If you choose to participate in the MiniCo tenant insurance program, coverage will be provided through a licensed Agent.

I understand that this self-storage facility and/or its management: (1) Is not responsible for loss or damage to my property; (2) Does not provide insurance for my stored property; (3) Requires that I provide my own insurance coverage or be uninsured (personally responsible for any loss); (4) Is a commercial business renting space and is not a bailee or warehouseman.

I acknowledge that I have read the above information which explains the MiniCo tenant insurance program that is available to me. NEITHER THE STORAGE COMPANY NOR THE LEASING REPRESENTATIVE IS AN INSURANCE AGENT.

**ELECT TO:** (Please select and initial one)

**PURCHASE** MiniCo tenant insurance which provides insurance coverage for my stored property against burglary, storms, smoke, fire, earthquake, lightning, rodents and more. The selected amount of premium is to be included in my invoices each billing period.

INITIAL  
HERE

Type of Goods Stored:  Household and Personal Goods  Commercial Commodities  
Policy Delivery Method:  E-Mail (provide below)  U.S. Mail

Select One	Coverage Limit	Monthly Premium
<input type="checkbox"/>	\$ 2,500	\$ 9.00
<input type="checkbox"/>	3,000	12.00
<input type="checkbox"/>	5,000	20.00
<input type="checkbox"/>	7,500	29.00
<input type="checkbox"/>	10,000	38.00
<input type="checkbox"/>	15,000	57.00
<input type="checkbox"/>	20,000	75.00

Coverage is underwritten by Safeco Insurance Company of America. If you have questions about coverage, call the Agent shown below. A Customer Policy Certificate of Insurance will be sent to you by the method selected above. The brochure and this Tenant Responsibility Addendum-Insurance Enrollment Form contain general and descriptive information; the Customer Policy Certificate of Insurance is the contract. This policy may duplicate coverage already provided by a renter's or homeowner's policy, personal liability policy or other source of coverage.

**ACCEPT FULL RESPONSIBILITY FOR ANY LOSS.**

I am not interested in MiniCo tenant insurance coverage at this time, but I realize I may apply for insurance coverage at any time throughout the duration of my lease and prior to any loss.

INITIAL  
HERE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and civil penalties.

Agree:  YES

The company reserves the right to request an inventory and appraisal of your items in storage. In the event of a loss, the insured is responsible for producing an accurate record of damaged and undamaged articles and proof of ownership. I further understand and agree that the issuance of coverage is based on this application.

Agree:  YES

## INSURANCE ENROLLMENT FORM/EVIDENCE OF INSURANCE

Name:		
Address:	Apt #	
City:	State:	ZIP:
E-Mail Address:		
Daytime Phone Number:	Unit #	
Tenant's Signature		

Facility: FOUNTAIN HILL SELF STORAGE

Address: 701 N CLEWELL ST

City: FOUNTAIN HILL State: PA ZIP: 18015

Facility Phone Number: 610-954-0600

Qualified Facility # 144858 Master Policy # 7694971

Coverage Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agent: MiniCo Insurance Agency, LLC  
2531 West Dunlap Avenue  
Phoenix, Arizona 85021-2704

Toll Free Phone Number: 800-544-6464  
E-Mail Address: insurance@tenantone.com  
CA License Number: 0H04984

Fax Number: 800-637-4981

PLEASE FAX OR E-MAIL A COPY OF THIS FORM TO MINICO INSURANCE AGENCY, LLC, UPON LEASE COMPLETION.

MiniCo Office Use Only	Policy Number:
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**701 N Clewell St**  
**Bethlehem, PA 18015**  
**610-954-0600**

**Automatic/ Telephone Payment Authorization Form**

Date: \_\_\_\_\_ Leased Space Number: \_\_\_\_\_

Occupant's Name (Print): \_\_\_\_\_

1.) Rent Payment of \$ \_\_\_\_\_ will automatically be paid from the account indicated below on the \_\_\_ of the month.

2.) The first monthly automatic rent payment will begin on \_\_\_\_/\_\_\_\_/20\_\_\_\_ and will continue monthly until CARDHOLDER cancels the automatic rent payment or OCCUPANT terminates the RENTAL AGREEMENT by providing 24-hour advance written notice. The OWNER may terminate the automatic rent payment if the OCCUPANT defaults in any of the conditions and obligations set forth in the rental agreement.

3.) The OCCUPANT, or CARDHOLDER must notify the OWNER in writing of any changes in Credit Card status (Example: Credit Card is Stolen, Lost, or Account is Closed).

4.) The OCCUPANT who signed the RENTAL AGREEMENT is ultimately responsible for payment of rent to OWNER. If the automatic payment of rent cannot be processed, the OCCUPANT will be considered in default in the payment of monthly rent and access to the stored property may be denied.

**CARDHOLDER INFORMATION:**

Type of Credit Card: (Visa, Mastercard, Amex): \_\_\_\_\_

Name As It Appears On Credit Card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V Code: \_\_\_\_\_

Charge my credit card on my due date AUTOMATICALLY

Charge my credit card ONLY when I call in and request payment be made

By signing below, I, hereby authorize the self-service storage facility indicated above to charge the credit card account indicated above. I understand both the financial institution and the self-service storage facility indicated above reserve the right to terminate this rent payment option and/or participation in this rent payment option. In addition, I understand that I can cancel the automatic payment of rent for the indicated leased space by providing 24-hour advance written notice to the OWNER.

Cardholder Name (Print): \_\_\_\_\_

Cardholder Name (Signature): \_\_\_\_\_