

Fountain Hill Self Storage
701 N. Clewell St.
Fountain Hill, PA 18015
610-954-0600

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 Pages	<input type="checkbox"/> Employer Discount
<input type="checkbox"/> Brochure/Flyer	<input type="checkbox"/> Referred by Friend	<input type="checkbox"/> Yellow Book
<input type="checkbox"/> Saw the Building	<input type="checkbox"/> Other (Explain): _____	

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 Fountain Hill Self Storage in writing of any changes to the above information in a timely manner.

Tenant Signature

Date

**** State or Employer Photo ID Is Required***