



Newport Mini Storage Center, LLC

257 Connell Hwy Newport, RI 02840
Phone: 401-849-5691 Fax: 401846-6465
Email: Manager@newportministorage.com
Website: www.newportministorage.com

APPLICATION

Please complete the entire Application, including all Alternative Information, then sign, date and return it to the Manager. Please present any ads, coupons or flyers at that time.

PERSONAL INFORMATION:

1) Name (Last, First): _____

2) Address: _____

3) City, State & Zip: _____

4) Telephone Numbers: Residence: _____ Cell: _____

5) Email Address: _____

6) Employment: Company: _____ Department: _____

Position: _____ Telephone: _____

Drivers License #: _____ State of Issuance _____

BILLING INFORMATION (Please circle **YES** or **NO** for each item.):

1) Would you like a monthly invoice mailed to you? **YES or NO**

2) Would you like to make your monthly payments by your credit card automatically? **YES or NO**

(If yes to number 2 please fill out an auto-charge agreement form)

ALTERNATIVE INFORMATION (VERY IMPORTANT! - Please provide the name of someone that Newport Mini Storage may contact as an alternate way to reach you.

1) Name: _____

2) Address: _____

3) City, State & Zip: _____

4) Telephone Numbers: Residence: _____ Business: _____

PARTIES WITH ACCESS: (VERY IMPORTANT! - Please list the names of anyone you authorize Newport Mini Storage to assist in your absence. Assistance may include: a) providing access information for your Unit; b) allowing them to use your keys - please complete an "Authorization to Hold and Distribute Key"; c) cutting the lock on your Unit; d) allowing them to transfer your Unit to another Unit; and/or e) allowing them to move-out your Unit. If there is no one, please write "None"):

1) Name: _____ Relation: _____ Telephone: _____

2) Name: _____ Relation: _____ Telephone: _____

3) Name: _____ Relation: _____ Telephone: _____

Please provide an easy to remember 4 digit number to be used as your Gate Passcode: _____

Applicant Signature: _____ **Date:** _____