



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

Unit# _____

APPLICATION

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 _____ DOB: _____ (Please Circle) Male or Female

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

1) Would you like a monthly invoice mailed to you? **YES or NO** (\$1 monthly Paper Invoicing)

2) Would you like a monthly invoice Emailed to you? **YES or NO**

3) 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 Code: _____

Applicant Signature: _____ **Date:** _____