

# Avalon Storage

1553 Empire Blvd.; Webster, NY 14580; (585) 678-1497;

**www.rochesterstorage.net**

## Storage Garage Lease Application

(Please fill out and FAX to (585) 671-9771)

Storage Unit No. \_\_\_\_\_

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

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent or Previous Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

How did you hear about Avalon Storage? \_\_\_\_\_

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Employer: \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_

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

Position \_\_\_\_\_ Business Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Emergency Contact \_\_\_\_\_

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Credit Reference (for whoever is responsible for rent):

Bank \_\_\_\_\_ Phone # \_\_\_\_\_

Account # \_\_\_\_\_

I hereby authorize Avalon Storage to obtain a credit check on me. You may request a consumer report (credit report) in connection with this application and any updates, renewal or extension of the applied for credit. Upon my request you will advise me whether or not a consumer report was requested and the name and address of the consumer reporting agency that furnished the report.

I have read the application and agree to the terms, conditions and disclosures.

Signature \_\_\_\_\_ Date \_\_\_\_\_