

Please attache a copy of your driver's license and a picture of what you will be storing at our facility

TENANT INFORAMTION

Tenant Name: Last First MI

Home Address: Number & Street City State Zip

Employment: Employer City State Work Phone

Email Address: (1) (2)

Date of Birth: SS#: DL#: St: Exp:

Cell Phone: Home Phone: Other Phone:

Vehicle #1 that will be entering the facility: License Plate: St: Exp: Make: Model: Color: Year:

Vehicle #2 that will be entering the facility: License Plate: St: Exp: Make: Model: Color: Year:

Are you currently in the United States Military? Yes No If yes, which branch?

Access rights for others. List other person(s) you want specifically named in the rental agreement as people to whom we are authorized to provide your space number, access code, account status, or assistance with lock cutting, i.e., other persons who may break your lock on the storage unit (if necessary) to gain entry and to whom we may give a facility access code without us having to check with you for authorization.

Name: Phone: Street Address: Email: City, State, Zip: Relationship:

*Emergency contact. List other person(s) who we may contact in an emergency (fire, flood, missing lock, etc.). Do not list persons living with you. These persons may have access under the very limited circumstances (affidavit of death, incarceration, permanently missing, or permanently incapacitated) as listed in paragraph 1 of the lease

Name: Phone: Street Address: Email: City, State, Zip: Relationship:

Describe generally what will be stored:

How did you hear about us?

- Our Website Internet Search Engine (Which one: Facebook Tenant Referral (Who: Billboard Recommendation (By who: Drove By Other:

NOTICE: For security and environmental protection purposes, photographing, and videotaping may occur and photocopying their driver's license may be required, at the facility owner's option. Owner has no duty to do so.

Your Signature Date

Tenant's Name: _____ Date: _____

Size of Storage Space Needed: _____ Date Needed: _____

BOAT / TRAILER / VEHICLE / RV INFORMATION

INSURANCE PROVIDER (for what is being stored)

Provider: _____ Policy #: _____

BOAT #1 (Complete each blank)

Make: _____ Model: _____ TX#: _____

SerialVIN #: _____ Length: _____ Year: _____ Est Value \$: _____

MOTOR Make/Model: _____ Serial #: _____

Horse Power: _____ Inboard _____ Outboard _____ I/O

Is tenant the registered owner? _____ Yes _____ No If no, name of owner: _____

BOAT #2 (Complete each blank)

Make: _____ Model: _____ TX#: _____

SerialVIN #: _____ Length: _____ Year: _____ Est Value \$: _____

Is tenant the registered owner? _____ Yes _____ No If no, name of owner: _____

MOTOR Make/Model: _____ Serial #: _____

Horse Power: _____ Inboard _____ Outboard _____ I/O

Is tenant the registered owner? _____ Yes _____ No If no, name of owner: _____

TRAILER #1 (Complete each blank) *Type of trailer* (i.e. Boat, Utility, Camper): _____

Make: _____ Model: _____ License : _____

SerialVIN #: _____ Length: _____ Year: _____ Est Value \$: _____

Is tenant the registered owner? _____ Yes _____ No If no, name of owner: _____

TRAILER #2 (Complete each blank) *Type of trailer* (i.e. Boat, Utility, Camper): _____

Make: _____ Model: _____ License : _____

SerialVIN #: _____ Length: _____ Year: _____ Est Value \$: _____

Is tenant the registered owner? _____ Yes _____ No If no, name of owner: _____

VEHICLE INFORMATION

Type of vehicle being stored: _____ Automobile _____ RV _____ Motorcycle _____ Other

Make: _____ Model: _____ License : _____

VIN #: _____ Length: _____ Year: _____ Est Value \$: _____

Is tenant the registered owner? _____ Yes _____ No If no, name of owner: _____

Your Signature

Date

Lake Granbury Boat & RV Storage
5900 Rollins Rd.
Granbury, TX 76049
817-243-7697

Automatic Payment Authorization Form

Lake Granbury Boat & RV Storage, henceforth known as the Company, is now offering an automatic payment option. With this option, your monthly payment will automatically be withdrawn from your checking account or your credit card account.

Personal Information

Name (as it appears on your credit card): _____

Other names on your credit card: _____

Mailing street address: _____

City, State, Zip: _____

Home/Cell phone: _____

Unit number(s) to be automatically paid: _____

Required Information for: Charge my credit card (We do not accept American Express)

Credit card type (like Visa): _____

Card Number: _____ - _____ - _____ - _____

CVC Number on back of card: _____

Expiration Date (mm/yy): _____

Name on Card: _____

Credit Card Billing Address

Street Address _____

City, State, Zip _____

I, _____, the undersigned, authorize the management of Lake Granbury Boat & RV Storage to charge my credit card specified above for charges incurred on the unit numbers listed above on the first day of each month. I also understand that I may terminate this auto payment agreement by giving notice to the Company. I may do this at any time in writing but must allow a reasonable amount of time after receipt for the Company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Please enroll my account(s) in the AutoPay Program selected by me.

Your Signature

Date