

APT Storage

CUSTOMER APPLICATION/RESERVATION FORM

SECTION I - TO BE COMPLETED BY OCCUPANT															
NAME: First		Middle													
Last															
ADDRESS (at apartment community)															
CITY		STATE													
ZIP															
HOME PHONE ()		CELL PHONE ()													
SOCIAL SECURITY NO.		EMAIL ADDRESS													
PLACE OF EMPLOYMENT		ARE YOU ACTIVE MILITARY <input type="checkbox"/> Yes <input type="checkbox"/> No													
WORK PHONE NUMBER ()		If YES, a Military Addendum must be completed.													
RENTAL PAYMENT TERMS: MUST check only ONE option below: <input type="checkbox"/> OPTION A – Credit Card (Complete Credit Card Payment Form) There is a \$2.95 credit card processing fee for every transaction.															
<input type="checkbox"/> OPTION B – Check or Money Order Make Payable to APT Storage															
<p style="text-align: center;">APT-Protection Coverage (APT-PC) plans – plans monthly charges are not pro-rated TENANT IS REQUIRED TO SELECT ONE OPTION If no option is selected then resident will automatically be enrolled in the lowest coverage</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center;">Coverage</th> <th style="text-align: center;">Monthly Cost</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/> \$500</td> <td style="text-align: center;">\$5.00</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">NO DEDUCTABLE FOR ANY PLAN</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> \$1,000</td> <td style="text-align: center;">\$6.00</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> \$1,500</td> <td style="text-align: center;">\$7.00</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> \$2,000</td> <td style="text-align: center;">\$8.00</td> </tr> </tbody> </table>				Coverage	Monthly Cost		<input type="checkbox"/> \$500	\$5.00	NO DEDUCTABLE FOR ANY PLAN	<input type="checkbox"/> \$1,000	\$6.00	<input type="checkbox"/> \$1,500	\$7.00	<input type="checkbox"/> \$2,000	\$8.00
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ARE YOU STORING: <input type="checkbox"/> Household Goods <input type="checkbox"/> Business Goods <input type="checkbox"/> Motorcycle* (if permitted to store on property) <input type="checkbox"/> Other _____ *Indicates additional information required on Motorcycle Addendum															
Emergency/Alternate Notice Contact (at address other than Occupant) - Required															
NAME: First		MI													
Last		Relationship													
ADDRESS															
CITY		STATE													
ZIP															
BEST CONTACT PHONE NUMBER ()		EMAIL													

SECTION II – TO BE COMPLETED BY APARTMENT PERSONNEL	
STORAGE UNIT MOVE IN DATE	UNIT SIZE : 4x4 4x8 8x8 Other _____
STORAGE UNIT NUMBER ASSIGNED	MONTHLY RENTAL RATE + applicable sales tax
APARTMENT COMMUNITY	NAME OF LEASING AGENT
WHERE TO MAIL LEASE FOR SIGNATURE: Lease agreements are sent directly to resident. Circle _____ "Leasing Office" to have lease sent to leasing agent. LEASING OFC _____	RESIDENT STATUS New Resident Existing Resident

ACKNOWLEDGEMENT: The undersigned acknowledges they have reviewed and will accept all terms and conditions of the APT Storage Lease Agreement and that a Lease Agreement will be prepared, signed by Occupant, and returned to APT Storage. Occupant will pay a non-refundable \$33.00 application/reservation fee, APT-PC plan, plus the first full month's rent, including state sales tax if applicable, which is attached by check or credit card form. This application fee includes a complimentary lock. This payment will hold the assigned storage unit until the lease commencement date.

OCCUPANT SIGNATURE _____ DATE _____

**CARDBOARD BOXES ARE PROHIBITED IN DC PROPERTIES AND
HIGH-RISE APARTMENTS PER FIRE MARSHAL!**

Scan and email completed forms, with payment, to APT Storage at accounts@aptstorage.com, or
fax to (571) 261-4244, for lease preparation.