

Dallas Car Storage Application

Please fill in the following information so we can prepare your self-storage rental agreement:

1. Your name _____
(Last Name) (First Name) (Middle Initial)
2. Date of Birth _____ Email _____
3. Mailing Address _____
(P.O. Box or Street Address)

(City, State, Zip)
4. Home Phone _____ Work Phone _____
Cell Phone _____ Fax _____
5. Are you in the Military or National Guard? Yes No
6. Driver's License No.: _____ State: _____
Expiration Date: _____
7. Credit Card Number _____
Name on Credit Card _____
Card Expiration _____ Card Type: (MC) (Visa) (Amex) (Discover)
I authorize Dallas Car Storage.com to charge my card ____ per ____ until further notice
8. Vehicle(s) License Plate No.: _____
State: _____ VIN # _____
9. Description of Vehicle(s):
10. *Access rights for others:* List other person(s) you want specifically named in the rental agreement as having access rights to the space without us having to check with tenant for authorization:

Name: _____
Address: _____
Phone: _____

Name: _____

Address: _____

Phone: _____

11. *Emergency Contacts*: List other person(s) we may contact in an emergency (*fire, flood, etc.*). These persons may have access under very limited circumstances (affidavit of death, incarceration, permanently missing or incapacitated) as listed in paragraph one of the lease.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

12. Key

I am or am not leaving the key with the vehicle [Yes] [No]

If I do not leave the key, I understand that the vehicle will not be moved or opened under any circumstances even in an emergency. Whether I do or do not leave the key I agree to indemnify and hold harmless Dallas Car Storage.com, its agents, employees and all third parties for any damages the vehicle or I might incur related to the storage of the vehicle at Dallas Car Storage.com

I represent that the vehicle is adequately insured including the state minimum requirements for liability. I do or do not have a second key for this vehicle

Signature: _____

Date: _____

TENANT TO PROVIDE THE FOLLOWING - Copy of Driver's License, Car Title and Insurance for Each Vehicle

*Please Return Info Sheet to Marissa Collins at Corporate Offices
via Fax: 817-838-6672 Phone: 817-834-3625 ext. 4
or Mail to: Dallas Car Storage 5940 Eden Dr., Fort Worth, TX 76117*