



New Customer Information

Storer:

Mr/Mrs/Miss/Ms: _____

Business Name: _____ ABN: _____

Postal Address: _____ P/Code: _____

Phone (H): _____ (B): _____ (Fax): _____ (Mob): _____

Email: _____

Drivers Licence No: _____ State: _____ Expiry: ____/____/20____ DOB: ____/____/____

PIN (boom gate access): Other ID: _____

Other Contact:

Mr/Mrs/Miss/Ms: _____

Postal Address: _____ P/Code: _____

Phone (H): _____ (B): _____ (Fax): _____ (Mob): _____

Insurance:

- I would like **Contents Protection Insurance** provided by Storage King through their brokers Midland Insurance for the items stored by me to the value of \$ _____
- I have declined to take **Contents Protection Insurance** and take full responsibility of any loss or damage to my goods whilst in storage.
- I agree that I will not store any goods that are hazardous, illegal, stolen, inflammable, explosive, environmentally harmful, perishable or that are a risk to the property of any person

Future Invoice and Receipt Options:

I would like to receive my invoices and receipts by: Email Mail Neither

Future Payment Options:

In Person or via Mail Automatic Credit Card Bank Transfer Web Site

How did you hear about us?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Google | <input type="checkbox"/> Television | <input type="checkbox"/> Previous Customer |
| <input type="checkbox"/> White Pages | <input type="checkbox"/> Internet | <input type="checkbox"/> Radio | <input type="checkbox"/> Customer Referral |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Storage King Web Site | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Removal Referral |
| <input type="checkbox"/> Storage King Branch | <input type="checkbox"/> SSA Web Site | <input type="checkbox"/> Mail Out Promotion | <input type="checkbox"/> Other |

I verify that the information provided is true and correct:

Storer's Signature