AAA Small Car World, Inc dba Fort Worth Car Storage Application

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

١.	Your name						
	(1	Last Name)		(First Name)		(Middle Initial)	
2.	Date of Birth _		Ema	il			-
3.	Mailing Addres	55					
	0	(P.O. Box or Street Ac	.O. Box or Street Address)				
		(City. State, Zip)					
4.	Home Phone _		Wor	k Phone			
	Cell Phone		Fax	۲			
5.	Are you in the	Military or National Gu	uard? Yes	No			
6.	Driver's License Expiration Date	e No.: e:		State:			
7.	Name on Cred Card Expiration I authorize Dal Storage agree	mber it Card n las Car Storage.com to ements will be extend usly arranged.	Card charge my ca	_ Type: (MC) ird per	until t	further notice	(Discover) file
8.	Vehicle(s) Licer	nse Plate No.:					
	State:	VIN #					
9.	Description of	Vehicle(s)					
10.		or others: List other pe rights to the space with					

Name: ______

Address: ______

Phone:	 	 	 	
Name:		 	 	
Address: _		 	 	
Phone:				

11. *Emergency Contacts:* List other parson(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, and further represent that the vehicle is solely and adequately insured including the state minimum requirements for liability by my insurer. Dallas Car Storage provides no insurance for any type of loss or damage to the vehicle. 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 Jennifer Knittel at Corporate Offices via Fax: 817-838-6672 Phone: 817-834-3625 ext. 4 or Mail to: Fort Worth Car Storage 5940 Eden Dr., Fort Worth, TX 76117