

# WAREHOUSE WEST, LLC.

## APPLICATION

Applicant is:  **Business** { Complete Pages 1 – 3 }  **Personal Only** { Complete Pages 1 & 3 }

### RESPONSIBLE PERSON

NAME \_\_\_\_\_  
First Middle Last Suffix

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Spouse Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Mail address  Same as Physical Address

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Member of U.S. Armed Forces?  Yes  No

Phone Numbers:

(Please check the best [ONE] number to reach you)

**{ Check only one }**

Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_\_) \_\_\_\_\_

Spouse (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**ITEMS TO BE STORED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

Representative \_\_\_\_\_ Federal I.D. Number \_\_\_\_\_

Position \_\_\_\_\_ Company Type  Sole Proprietorship  Partnership  
 Corporation  Limited Partnership  
 Limited Liability Company  Other \_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Mail address  Same as Physical Address  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers:

(Please check the best [ONE] number to reach you)

**{ Check only one }**

Work (\_\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

Other (\_\_\_\_\_) \_\_\_\_\_

**DESCRIBE BUSINESS USE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE:**

Name of Agency Used \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Contact Person \_\_\_\_\_

Do you currently have business liability insurance?  Yes  No.

**WHY DID YOU FIRST INQUIRE HERE?**

Recommended by Others - (Word of Mouth)

{ **Optional** } Person who recommended Us \_\_\_\_\_

Craigslist

Internet Search

Yellow Pages (Book)

Yellow Pages (Online)

Road Signage

Previous Tenant

Other \_\_\_\_\_

**WHY DID YOU DECIDE TO USE US:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONS TO CONTACT IN AN EMERGENCY:** (Owner may contact such person in event of fire, break-in, tenant's unavailability due to accident, illness, hospitalization, arrest, unpaid rent, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

I hereby affirm that all information contained hereon is accurate and true to be best of my knowledge. If this application is accepted, I understand that it will be attached to and become a part of the Rental/Lease Agreement. Further I agree to immediately inform Warehouse West LLC. of any and ALL CHANGES to the information provided. I acknowledge that a photo will be taken of me, my vehicles, and driver's license and also of all other persons that I may allow entry.

Signature \_\_\_\_\_

**{Official Use Only}**

Unit \_\_\_\_\_

Deposit Given \$ \_\_\_\_\_  Reservation Placed Until \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_