

Tenant Application
www.DESStorage.com/REHOBOTH
A driver's license or state issued ID must accompany this application

First Name: _____ Last Name: _____

Company Name (if tenant is renting as a company): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Last Four of Social Security# _____ EMAIL: _____

Employer Name: _____ Employer Phone: _____

Alternate Contact Name: _____ Phone: _____

Alternate Contact Relationship: _____ Can we leave detailed messages with alternate? _____

Are you or your spouse currently in the military? _____ If so, what branch? _____

C/O's Name: _____ Phone: _____

How did you hear about us? Please circle one:

Google Drive By Local Book Flyer Yellow Pages Referral By: _____ Other _____

Please read and initial each line below:

1. _____ DE Storage is not responsible for loss or damage to my property.
2. _____ DE Storage does not provide insurance for my belongings, I understand that I am required to insure my belongings or be personally responsible for any loss or damage. Ask me about the Storsmart insurance program.
3. _____ I am responsible for updating DE Storage with any physical or email address changed information. I UNDERSTAND my addresses must be current on file so that I can receive important notices including late letters and auction notices.
4. _____ DE Storage is a commercial business renting space and is not a Bailee or Warehouseman.
5. _____ **Items prohibited from being stored: Food/Drink items, Fire arms and ammunition of any type, Hazardous/Toxic materials, Flammable and illegal items.**
6. _____ DE Storage does not mail monthly invoices. If you have a valid email address on file we will email a reminder.
7. _____ I agree that by giving my phone number to you that you may leave personal information on my voice mail\answering machine or via text message. Information such as: balance due, past due notices, pending auction status, etc. If you do not wish information left please notify the office in writing and you must receive a written confirmation letter from the office that we received your request.
8. _____ **I understand that in order to terminate my month to month lease:**
I MUST sweep the unit clean, and I MUST notify the Manager **in writing** that the unit is vacant, I must do this by no later than the end of business on the last day of the month. Otherwise, I understand I will be charged for the FULL next month's rent, **there are no rent refunds or prorated refunds for early move-outs.**
9. _____ **NO PREPAID OR UNUSED RENT WILL BE REFUNDED. Once rent has been paid it will not be refunded for any reason.**
10. _____ Rent is due on the 1st of each month. Once your account is delinquent, paid after the 5th, access to your unit will be restricted and you will also incur a late fee. **When paid in full, units will be unlocked 1 time per DAY only not once the balance is paid.**
11. _____ Gate hours are 8AM to 9PM every day.

I acknowledge that I have read the above information and agree:

X _____ Date _____
Tenant Signature