

ACME Storage
21508 - 115 Ave.
Edmonton, AB T5S 2N7
780-488-4288

Customer Application Form

1. Customer

First Name _____ Middle Initial ____ Last Name _____

Company Name (only if customer is a business) _____

Street Address _____

City _____ Prov _____ Postal Code _____

Home Phone _____ - _____ - _____

Driver's License Number _____ DOB _____

2. Alternate Contact

First Name _____ Middle Initial ____ Last Name _____

Street Address _____

City _____ Prov _____ Postal Code _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

3. Employer Information

Employer Name _____

Street Address _____

City _____ Prov _____ Postal Code _____

Work Phone _____ - _____ - _____

4. Household Storage:

Unit Size Required:

5. Vehicle Storage

Year: _____ **Make:** _____ **Model:** _____ **License #** _____