

**RED TOP STORAGE**  
**1322 Nord Ave**  
**Chico, CA 95926**  
**530-892-9153**  
**RESERVATION REQUEST**  
**Customer Information Form**

**1. Customer**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_  
Company Name (only if customer is a business) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Other Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
Driver's License Number \_\_\_\_\_ Driver's Lic State \_\_\_\_\_  
Email \_\_\_\_\_

**2. Alternate Contact with different address**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

**3. Date requested.** \_\_\_\_\_

**4. Date Needed.** \_\_\_\_\_

**NO PO BOXES**

Red Top Storage  
1322 Nord Ave  
Chico CA 95926  
530-892-9153

Date: \_\_\_\_\_

Customer:

### Authorization for Automatic Credit Card Payment

I hereby authorize Red Top Storage to charge the below referenced account automatically on the 1st of each month, and to apply towards the payment of my monthly rent for the unit number(s) stated below. Said charge authorization is to be in an amount equal to my monthly rent in effect at the time.

I understand that it shall remain my obligation to notify Red Top Storage in writing 30 days in advance of my intent to terminate my tenancy, and to pay any prorated amounts of rent that may become due thereof. Units vacated after the 7<sup>th</sup> day of the month are subject to paying the whole months rent.

I understand it is my responsibility to contact Red Top Storage to update my Credit Card Information in the event that my Credit Card on file is lost, stolen or no longer active. I understand I will be charged a late fee in the event that my Credit Card is declined or cancelled upon trying to obtain authorization on the Credit Card Authorization by the form.

Rent: \$ \_\_\_\_\_

Contract Number:

Unit(s):

Other Recurring Charges: \$0.00

Total to Charge: \$ \_\_\_\_\_

Note: All charges include tax, if applicable.

Cardholder name:

Card number:

Expiration Date:

Cardholder Signature:

Date: