

B & B MINI-STORAGE

#84 VILLAGE LANE
SHERIDAN, AR 72150
(870) 942-5354

RENTAL APPLICATION

APPLICANT INFORMATION:

NAME OF TENANT (Full Name): _____

DATE OF BIRTH (Applicant): _____ PHONE #: _____ SSN# _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRESENT LANDLORD _____ PHONE# _____

YEARS AT PRESENT ADDRESS _____ AMOUNT OF RENT _____

EMPLOYED BY/POSITION: _____ HOW LONG _____ PHONE# _____

EMPLOYMENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOUSEHOLD INCOME: _____ PER _____

IN CASE OF EMERGENCY NOTIFY: _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

PERSONAL REFERENCES: (Friends or Business)

NAME	ADDRESS	CITY, STATE, ZIP	PHONE#
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CREDIT REFERENCES: (Banks, Credit Accounts, etc)

BANK NAME: _____	Acct# _____	Contact _____	Phone# _____
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CREDIT NAME: _____	Acct# _____	Contact _____	Phone# _____
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CREDIT NAME: _____	Acct# _____	Contact _____	Phone# _____
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AUTHORIZATION TO RELEASE INFORMATION

I hereby make application to B&B Mini-Storage and certify that the above information is correct. I authorize my references to release any information to B&B Mini-Storage management. I authorize B&B Mini-Storage management to complete a credit check.

APPLICANT'S SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

Unit _____ Monthly Rate _____ Discount _____ Prorate _____ Lock _____ Check/Cash _____ Amt Pd _____

B&B MINI-STORAGE : _____