

**BattleCreek Mini Storage - B.A.**

Office: 918-258-1958 ~ Fax: 918-258-1950  
3000 N. Aspen Ave. ~ Broken Arrow, OK 74012

Date: \_\_\_\_\_ **Rental Application** Gate Code \_\_\_\_\_ \* (4) digits

1. Customer: First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Company Name (only if customer is a business) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
S.S.N. # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Driver's Lic State \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

2. Alternate Contact: First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Company Name (only if customer is a business) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
S.S.N. # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Driver's Lic State \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

3. Employer Information: Employers Name: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Alt. Work Phone: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

4. Vehicle Information: **BOAT & RV ONLY!!!** Type: Car Boat RV Trailer Other Size \_\_\_\_\_  
Drivers Lic.# \_\_\_\_\_ State \_\_\_\_\_ Tag # \_\_\_\_\_  
Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_