



Admin Use Only		
Unit(s): _____	Rent: _____	Date: _____

**Lease Application**

**Primary Contact Information**

Contact Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Check here if you would like to use the business name as the Leaseholder

Mailing Address: \_\_\_\_\_  
Street City, State Zip

Home ☎: \_\_\_\_\_ Mobile ☎: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

*\*By electing to provide your email address, Tenant agrees that notice by Nags Head Self Storage may be given to Tenant via email*

Last 6 Digits of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Alternate Contact Information**

*This information will be used in the event of an emergency if we are unable to contact the primary Leaseholder.*

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State Zip

Home ☎: \_\_\_\_\_

**Employment Information**

Are you in the Military/Reserves?  Yes  No

Present Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State Zip

Work ☎: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Referral Information**

Did one of our current tenants refer you to our facility?  Yes  No

If yes, who can we thank? \_\_\_\_\_

The undersigned represents that the above statements are true and complete and authorizes The Runnymede Corporation/Nags Head Self Storage to verify all information. Falsification of information will result in denial of the Application for tenancy. This application, if accepted by the Landlord, shall constitute part of the Lease Agreement.

Signature of Applicant

Date

### Client Survey

<p><b>How did you hear about us?</b></p>	<p><b>Shopping</b></p>	<p><b>How far away do you reside?</b></p>	<p><b>Customer Type</b></p>	<p><b>Residential Type</b></p>
<p><input type="checkbox"/> Current Tenant  <input type="checkbox"/> Drive By  <input type="checkbox"/> Internet  <input type="checkbox"/> Online Search  <input type="checkbox"/> Other  <input type="checkbox"/> Previous Tenant  <input type="checkbox"/> Referral  <input type="checkbox"/> Saw Ad  <input type="checkbox"/> Yellow Pages</p>	<p>How many other facilities did you contact? _____</p>	<p><input type="checkbox"/> &lt;2 miles  <input type="checkbox"/> 2-3 miles  <input type="checkbox"/> 3-5 miles  <input type="checkbox"/> 5-10 miles  <input type="checkbox"/> &gt;10 miles  <input type="checkbox"/> Outside Country  <input type="checkbox"/> Outside State</p>	<p><input type="checkbox"/> Residential  <input type="checkbox"/> Commercial</p>	<p><input type="checkbox"/> Apartment  <input type="checkbox"/> Home Owner  <input type="checkbox"/> Military  <input type="checkbox"/> Other  <input type="checkbox"/> Senior Citizen  <input type="checkbox"/> Student</p>
	<p><b>Used self-storage before?</b></p>		<p><b>Why this facility?</b></p>	
	<p><input type="checkbox"/> Unknown  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>		<p><input type="checkbox"/> Advertising  <input type="checkbox"/> Cleanliness  <input type="checkbox"/> Features  <input type="checkbox"/> Gate Hours  <input type="checkbox"/> Location  <input type="checkbox"/> Management  <input type="checkbox"/> Other  <input type="checkbox"/> Price  <input type="checkbox"/> Security  <input type="checkbox"/> Special Offer  <input type="checkbox"/> Truck/Trailer  <input type="checkbox"/> Wine Storage</p>	<p><b>Business Type</b></p>
	<p><b>What is stored?</b></p>	<p><b>Reason for storing?</b></p>		<p><input type="checkbox"/> Accounting  <input type="checkbox"/> Banking  <input type="checkbox"/> Distribution  <input type="checkbox"/> Government  <input type="checkbox"/> Hospital/Doctor  <input type="checkbox"/> Industrial  <input type="checkbox"/> Law  <input type="checkbox"/> Non-Profit  <input type="checkbox"/> Other  <input type="checkbox"/> Pharmaceutical  <input type="checkbox"/> Retail  <input type="checkbox"/> Service</p>
	<p><input type="checkbox"/> Boat/Boat Equip  <input type="checkbox"/> Business Inventory  <input type="checkbox"/> Business Records  <input type="checkbox"/> Car  <input type="checkbox"/> Furniture/Boxes  <input type="checkbox"/> Motorcycle  <input type="checkbox"/> Other  <input type="checkbox"/> RV  <input type="checkbox"/> Wine</p>	<p><input type="checkbox"/> Business Needs  <input type="checkbox"/> Estate  <input type="checkbox"/> Excess Stuff  <input type="checkbox"/> Marriage/Divorce  <input type="checkbox"/> Moving  <input type="checkbox"/> Other  <input type="checkbox"/> Renovating</p>		



**We make it easy to pay...**

*Remember, payments are due by the 1st of each month and late fees will be applied to payments made after the 5th. For your convenience, we offer several ways to pay your bill on time.*

**Pay Online** at [www.NagsHeadSelfStorage.com](http://www.NagsHeadSelfStorage.com)

Simply go to our website and click "Tenant Login" located on the right of the screen. Select the street location at which your unit is located; if you are unsure refer to your access card given at move-in that lists your unit number and gate code. Click "Create Account" and then follow the directions listed. There are two options when paying online:

- **Auto-Pay Recurring Monthly Payment** With Auto-Pay, you can set it and forget it! No late fees ever - Guaranteed! Set up your monthly payments with your Credit or Debit Card.
- **One-Time Payments** Make a one-time payment on our secure website.

**Pay by Phone**

You may call our leasing office at 252.441.3093 and provide your credit/debit card information to the manager and/or Storage Specialist on duty. He/she will process your payment immediately and email you a copy of your receipt if requested.

**Pay by Mail**

Mail your payment to our leasing office at the address below. Please remember to include your storage unit number on your check for accurate processing.

Nags Head Self Storage  
209 W Eighth St  
Nags Head, NC 27959

**Drop Box**

You may deposit your check in the drop box located at the front entrance of our office (no cash accepted after hours). Payments made after the office is closed will be credited the next business day.