



Low Cost Storage Ltd.
1754 Ryan Road East, Comox, BC, V9M 4C9
manager@lowcoststorage.ca

Customer Sign-Up Form

1. Primary Contact

First and Last Name _____

Company Name (if business, for receipts) _____

Street Address _____ City _____

Phone _____ Prov _____ Postal Code _____

Email _____

Driver's License Number _____ Driver's Lic Prov _____

2. Alternate Contact (Email and Phone must be different from above)

First and Last Name _____

Email _____ Phone _____

3. Credit Card Information (required)

Providing your card here gives us permission to run it for the security deposit, first month's rent,
and keep on file to run on the 1st of each month, once a unit is booked.
After that initial payment, rent can be paid by e-transfer.

Number _____

Expiry _____ / _____ CVD _____

Name _____

4. Vehicle Information (yard parking only)

Trailer License Plate # _____ Boat Name/ID _____

Vehicle Make/Model/Color _____

Please attach a copy of your vehicle registration