

Salem Self Storage The Vault

4 Jefferson Avenue

Salem, Massachusetts 01970-2910

Phone 978-745-1111

Fax 978-745-8100

SPACE RESERVATION FORM

NAME _____

BILLING ADDRESS _____

BILLING ADDRESS _____

CITY _____

STATE _____

ZIP _____

I AGREE TO RENT SPACE # _____ OF APPROXIMATE SIZE _____ F.T. AS OF
TODAY, AND BY SIGNING BELOW I AGREE TO HAVE MY

Mastercard Visa American Express (CIRCLE ONE)

CREDIT CARD # _____ EXP. DATE ____/____/____

CHARGED IN THE AMOUNT OF \$ _____ IN ORDER TO HOLD THE SPACE

UNTIL SUCH TIME THAT I WILL COME IN AND COMPLETE A RENTAL AGREEMENT.

I ALSO AGREE TO FORFEIT THIS AMOUNT SHOULD I NOT COME IN AND COMPLETE A RENTAL
AGREEMENT BY ____/____/____.

SIGNED _____ (CARDHOLDER)

DATE _____

SIGNED _____ (SALEM SELF STORAGE MANAGER)

DATE _____