



**Low Cost Storage Ltd.**  
**1754 Ryan Road East, Comox, BC, V9M 4C9**  
**manager@lowcoststorage.ca**  
**250-339-4704**

**Customer Sign up Form**

**1. Customer Contact Details**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Company Name (If customer is a business) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ License Plate # \_\_\_\_\_  
Email \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Driver's Lic Prov \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**2. Alternate Contact**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. Credit Card Information (optional)**

Circle one:      Mastercard      Visa      American Express  
Number \_\_\_\_\_  
Expiry \_\_\_\_\_ / \_\_\_\_\_ CVD \_\_\_\_\_  
Name \_\_\_\_\_

**3. For Vehicle Storage Only:**

Vehicle Make/Model/Color and Description: \_\_\_\_\_

**\*Please provide a copy of your vehicle registration**