

Massillon Area Storage
700 Earl Rd NW
Massillon OH 44647

Customer Sign Up Form

Last 4 digits of SS # _____ is your access gate code.

1. Customer

First Name _____ Middle Initial ____ Last Name _____

Company Name (Only if it for a business): _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone _____-_____-_____

Home Phone _____-_____-_____

Email Address: _____

Driver's License Number _____ Driver's License State _____

2. Alternate Contact

First Name _____ Last Name _____

Phone _____-_____-_____

How did you hear of us? _____

Please contact us asap if any of your contact information changes.