



P.O. Box 172
17691 County Farm Rd.
Carlyle, IL 62231

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MINI STORAGE

Unit # _____

Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ () Cell () Home Alt. Phone Number _____ () Cell () Home

Driver's License Number _____ State _____

- Personal Mini Storage**
- () \$85.00 per month, auto renews monthly until termination.
 - () \$970.00 for Twelve (12) months, due at signing, auto renews annually until termination.

Ten (10) feet wide by twenty (20) feet deep with an eight (8) foot wide by seven (7) foot high door.

Months to be stored _____

Amount Due at Signing \$ _____

OCCUPANT HAS READ THIS ENTIRE RENTAL AGREEMENT, INCLUDING ALL TERMS AND CONDITIONS. OCCUPANT HAS RECEIVED A COMPLETE SIGNED COPY OF THIS RENTAL AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have executed this RENTAL AGREEMENT the day and year written below.

Occupant:

On behalf of Owner:

Occupant Signature

Carlyle Storage LLC

Date

By: _____