



safe haven

WINE SERVICES

The Place to Store, Ship and Share Wine!

Rental Application

Lessee 1

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

E-mail: _____ Fax: _____

Credit Card: _____ # _____ Exp: _____

_____ Photo ID Required (attached) Driver License # _____

Lessee 2

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

E-mail: _____ Fax: _____

_____ Photo ID Required (attached) Driver License # _____

Membership Level: *Please check all of the boxes below to customize your Safe Haven Experience*

Length of agreement - -1 year ___ 6months ___

Membership-----Premium ___ Deluxe ___ Basic (Lower Vaults) ___ Basic Upper Vaults ___ Bulk Storage ___

Concierge Services Requested-- Inventory my wine Yes ___ No ___ Email: Confirmation of wine received: Yes ___ No ___

Other special request _____

Office use only:

Application Date: _____ Rental Start Date: _____ # lockers ___ Locker #'s _____ No. pallets _____