

RTO Group, LLC

Tel: 912-383-8157 Fax: 912-384-5052

Storage Building REQUEST FOR DOCUMENTS

Robin

VISIT US ONLINE 24 HOURS A DAY, 7 DAYS A WEEK
AT <http://www.rto-group.com>

DATE _____

SALESPERSON _____

CUSTOMER NAME _____	SOCIAL SEC. # _____
DELIVERY ADDRESS _____	DRIVER'S LIC # _____
CITY STATE ZIP _____	DATE OF BIRTH _____
COUNTY _____ SALES TAX _____ %	
<input type="checkbox"/> RENT RESIDENCE <input type="checkbox"/> OWN RESIDENCE	HOME PHONE _____
MAILING ADDRESS _____	CELL PHONE _____
CITY STATE ZIP _____	WORK PHONE _____
EMAIL _____	
PLACE OF EMPLOYMENT _____	# OF YRS _____

SERIAL # _____	IF ADDITIONAL DOWNPAYMENT IS MADE, CALL US FOR FINANCE AMOUNT & MONTHLY PAYMENT
MANUFACTURER _____	DOCUMENT FEE \$100.00
SIZE _____	SECURITY DEPOSIT ^{Manufacturer} waived \$0.00
STYLE _____	1ST MONTH'S RENT (with tax) _____
MONTHS: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	TOTAL PAID _____
9.4 Factor 15.4 Factor 19.8 Factor 23 Factor 25 Factor	
SUBMIT LEGIBLE COPY OF DRIVER'S LICENSE (INCLUDE PROOF OF RESIDENCE IF ADDRESS ON DRIVER'S LICENSE IS DIFFERENT FROM DELIVERY ADDRESS)	
	SALES PRICE (without Tax) _____

ADDITIONAL NOTES / DIRECTIONS:

REFERENCE NAME _____	REFERENCE NAME _____
PHONE NUMBER _____	PHONE NUMBER _____
RELATIONSHIP _____	RELATIONSHIP _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ACCEPTED BY BUYER:

ACCEPTED BY SELLER:

Buyer's Signature _____ Date _____

Seller's Signature _____ Date _____

REV 02142013