

# SSAM Rental Agreement Order Form

To order contact:

**Self Storage Association of Michigan**  
**2222 Association Drive**  
**Okemos, Michigan 48864**  
**Phone: 888.308.7726 or Fax: 517.349.3543**

**Sold to:**

Business Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Ship to:** (if different than sold to address)

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SSAM Rental Agreement – 8.5 x 14, Two Part NCR  
Package of 100 shrink wrapped \$50 each x \_\_\_\_\_ = \$ \_\_\_\_\_

SSAM Rental Agreement – CD-with interactive fields \$150 each x \_\_\_\_\_ = \$ \_\_\_\_\_

Shipping (if applicable) (\$5.00/package of 100 and \$2.00/CD) \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

Total Due = \$ \_\_\_\_\_

**Payment Information:**

Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Credit Card  Visa  M/C  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Security Code \_\_\_\_\_