

Booking Request Form

Name					
Address					
Contact Details	Daytime Telephone: Email Address:				
	Linaii Address.				
2 Types of ID provided	Passport	Driving Licenc	e Utility B	ill Other	
Card Details	Bank:				
Payment details will be kept securely	Card Number:				
and payment will be taken on the 1st of each month		Expiry Date:			
or each month					
	Security Code:				
Method of payment	Deb	oit Card	Credit Ca	rd	
Size of unit required	Cmall	Madium	Lawas	Ev Lorge	
	Small	Medium	Large	Ex Large	
Date unit required from:					
Date unit required until: (estimated)					
Where did you hear about us?					
Signature					
Confirming you have read and agreed					
to our terms and conditions					
	l				

Please send the completed form to: Cambourne Self Storage The New Barns Mill Road Great Gransden Cambridgeshire SG19 3AG