

ATLANTIC SELF STORAGE LOCATION: _____

CUSTOMER DISPUTE FORM

CUSTOMER NAME _____

CUSTOMER PHONE NUMBERS _____

CUSTOMER UNIT NUMBER _____ AMOUNT IN DISPUTE \$ _____

CHARGE TYPE _____ CHARGE DATE _____

CUSTOMER'S STATEMENT (BE SPECIFIC) WITH REASON FOR DISPUTE

THIS FORM IS INTENDED TO BE REVIEWED BY THE AREA SUPERVISOR, AND AN ANSWER WILL BE GIVEN WITHIN 14 BUSINESS DAYS. WHILE THE CHARGE IS IN DISPUTE, NO LATE FEES WILL OCCUR ON THE AMOUNT THAT IS BEING DISPUTED. IF THE DISPUTE IS AWARDED IN THE CUSTOMER'S FAVOR, A CREDIT WILL BE ISSUED TO THEIR ACCOUNT. NO REFUND WILL BE GIVEN. IF THE DISPUTE IS DENIED, THE CUSTOMER WILL BE NOTIFIED BY PHONE OR MAIL, AND WILL HAVE 3 BUSINESS DAYS TO MAKE PAYMENT, OR ALL APPLICABLE LATE FEES WILL BE REAPPLIED. IF THE CUSTOMER HAS NOT BEEN NOTIFIED OF THE OUTCOME AFTER 14 BUSINESS DAYS FROM FILING THE DISPUTE, IT IS THE CUSTOMER'S RESPONSIBILITY TO CONTACT THE MANAGER TO FIND OUT THE OUTCOME. NO DISPUTE WILL BE REVIEWED WITHOUT A PHOTO ID COPIED ON THE BACK OF THE FORM. THE DISPUTE CAN ONLY BE FILED FROM THE PERSON WHO SIGNED THE CONTRACT. CUSTOMER DOES NOT NEED TO CONTACT THE SUPERVISOR, UNLESS 14 BUSINESS DAYS HAVE PASSED WITHOUT DECISION. BY SIGNING THIS FORM BELOW, CUSTOMER AGREES TO THESE POLICIES, AND THIS FORM IN NO WAY SERVES TO REMOVE ANY FEES, EVEN IF IMPLIED BY MANAGER.

_____ DATE _____
CUSTOMER SIGNATURE (PHOTO ID COPIED ON BACK)