

A Lotta Storage

*4345 Highway 95 A
Ft. Mohave, AZ. 86426
Ph. 928-704-1919 Fax 928-704-1771*

Authorization to Charge Form

Storage Space Number(s): _____ Due Date: _____ Rate \$ _____

Tenant Name: _____

Cardholder name (as shown on card) _____

Card Number: _____ Exp. Date _____

Billing Address _____ CVV2# _____ (3-4 digits)

_____ **PHONE** _____

(please check one) Visa: _____ MC: _____ Amex: _____ Discover Card: _____

PLEASE INITIAL next to the type of charge you authorize:

(DO NOT CHECK MARK)

Monthly Automatic: (initials) _____ One Time Only: (initials) _____

Phone Authorization: (initials) _____ (must remember to call office) Password: _____

I hereby authorize **A Lotta Storage 4345 Highway 95 A Fort Mohave, AZ. 86426** to charge the above referenced account automatically each month or by phone authorization and to apply said charges towards the payment of my monthly rent and/or all charges/fees due at the time of authorization for the unit number (s) stated above. Said charge authorization is to be in the amount equal to my monthly rent/fees in effect at the time. *I understand rental rates are subject to increase and that I will be given 30 days advance notice in that event. This authorization will remain in effect for the increase in rent, unless I make other payment arrangements at the time of notification*

I understand that it shall remain **MY** responsibility to notify **A Lotta Storage** in writing, of any credit card changes such as card type and/or expiration dates, and to give 10 days advance written notice of my intent to terminate my tenancy, and to pay any prorated amounts of rent that may become due thereof. I understand that if I fail to notify Eagle / Storage Direct of any changes listed above, prior to the automatic charge, that I am responsible, without dispute, for any and all charges applied to the authorized credit card at the time of the authorized charge. Declined credit cards will be charged a fee of \$1.50.

Cardholder Signature: _____ Date: _____

Driver's License # _____ State issued in _____

Site Staff Signature: _____ Date: _____