

# *A-Lotta Storage and Mail*

7651 N. I-10 EB Frontage Rd.  
Tucson, AZ 85743  
520-572-8881

## **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 & mail** 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: \_\_\_\_\_