

Authorization to Charge Form

Storage Space Number _____ Due Date _____ Billing Zip Code _____

Customer Name _____

Name on Credit Card _____ DL# _____ State _____

Account Number _____ Exp. Date _____

Visa _____ MasterCard _____ American Express _____ CVV2# _____

I hereby authorize _____ to charge the above referenced account automatically each month or by phone authorization, as indicated below, and to apply said charges towards the payment of my monthly rent and/or for all charges/fees due at time of authorization on 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 it is **my** sole responsibility to notify _____ of credit card changes such as card type and/or expiration dates. _____ will not attempt charge without current credit card information.

Type of Charge (Initial on line which one/s you authorize)

One Time Only _____ Automatic Monthly _____ Phone Authorization _____

Password for Phone Authorization _____

I further understand and agree to: For **each time** my credit card is **declined** for charge, there will be a **\$1.50 FEE** added to my storage account. I further understand that if my credit card is declined, _____ will enforce their right to require cash payment, and apply fees/charges as outlined in my storage contract. I understand that it shall remain my obligation to notify _____ in writing, not less than **30 days in advance** of my intent to terminate my tenancy, and to pay any prorated amounts of rent/fees that may become due thereof. If I fail to notify _____ prior to the automatic charge, I further understand I WILL NOT be entitled to a refund of prorated rents, and I further agree **NOT** to dispute current charge(s) applied to the credit card on authorization at time of authorized charge.

Signatures:(Tenant) _____ (Cardholder) _____

Print Name (Tenant) _____ (Cardholder) _____

Date: _____ Employee Signature _____