

# Neighborhood Storage Center

5170 SE 58<sup>th</sup> Avenue, Ocala, FL 34480 \* Phone: (352) 624-2424 \* Fax: (352) 624-4215

## Credit Card Authorization Form

(To be filled out by customer.)

Date: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Neighborhood Storage Center to debit my VISA / MC / DISCOVER / AMERICAN EXPRESS (please circle one).

Account Number \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_ Amount \$ \_\_\_\_\_

To be applied to the unit number listed above on or around the due date.

\_\_\_\_\_ \$10 Administration Fee (One time only upon move in) Date of Move In \_\_\_\_\_

\_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-annually \_\_\_\_\_ Annually

\_\_\_\_\_ One time only for the month of \_\_\_\_\_

\_\_\_\_\_ To keep on file for use if I call in to request it.

\_\_\_\_\_ Point of Sale Purchase Amount \$ \_\_\_\_\_

I agree to hold above said facility and its agents harmless from liability as a result of its activities in connection with such transactions. I also understand that should payment authorization be denied, I will be responsible for the late fees outlined in my lease agreement.

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_