



Credit Card Authorization Form

(To be filled out by customer.)

Store Location: _____ 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. Any request to remove automatic credit card/debit billing option from my account must be made in writing.

Tenant's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____