Auburn Self Storage
Phone (530) 823-7555 Fax (530) 823-9324

CREDIT CARD AUTHORIZATION

Storage Space Number(s): _____

Customer Name:_____

Name As It Appears on Card:_____

Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date: __ __ / __ __

Billing Address/Zip: _____

Phone Number: ____(____)_____

Automatically Charge my Account Monthly (Please Circle Option Below)**:**

1. **YES** (Automatic Charge Each Month)
2. **NO** (I would like this one time only)
3. **Only when I call** (Phone Authorization)

Credit Card Type (Please Circle One)

Visa (Circle One) **MasterCard** (Circle One) **Discover Card** (Circle One)

I, _____ hereby authorize **North Auburn Self**
Tenant Name

Storage to charge the above referenced account automatically each month, and to apply said charge towards payment of my monthly rent for the unit or unit numbers stated above. Said charge authorization is to be in an amount equal to my total monthly rent (including sales tax, if applicable) in effect at the time. I understand that it shall remain my obligation to notify **Auburn Self Storage** in writing, ten (10) days in advance of my intent to terminate my tenancy and to pay any prorated amounts of rent that maybe become due thereof. If my bank rejects a payment, I may be charged a return fee up to $30.

Card Holder's Signature:_____Date:_____