American Self Storage, LLC 1179 Quinebaug Rd. North Grosvenordale, CT 06255 (860) 923-9100 info@americanselfstorageonline.com

## **CREDIT CARD / DEBIT CARD AUTHORIZATION FORM**

Cardholder's Name:	Storage Unit #
Address:	
Mobile Phone:	_ Email:
I hereby authorize the above-named storage facility to debit my credit or debit card for all charges:	
VISA MASTERCARD AMERICAN	EXPRESS DISCOVER DEBIT
Account Number:	_Security CodeExpires
Amount of Initial charge: \$	
For all charges incurred in connection with the space noted below. I understand that such debiting for rent payments and other charges on the space will normally occur on or about the same day of each month as long as I rent the space or upon the written termination of this authorization. Other incidental debits will be transacted as they occur.	
I also agree to hold this self-storage facility, its owners harmless from liability as a result of the a	owners, and its duly authorized agents for the activities in connection with such transactions.
a default under my rental agreement and subj foreclosure and sale. I will be responsible for al	ion be declined, said failure to pay shall constitute ect the contents of my storage unit to possible I late fees and other charges enumerated in my t my payment will be processed in a "Card not
authorized to charge the new monthly rate. I agr	ease rate. Should the rate increase, Owner is ee to update the Owner of changes in any of the pired card: 2) changes to credit card number: 3) rity code: 5) change in billing address.
DATE	
CARD HOLDER SIGNATURE	
PRINT NAME	

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