



CREDIT CARD AUTHORIZATION

Storage Unit Number(s): _____

Business Name: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ Type: VISA / Master Card

Billing Address listed with Credit Card

Street or P. O. Box Number: _____

City: _____ State: _____ Zip Code: _____

By signing below you authorize Surprise Mini Storage to charge the above referenced account automatically each month, and to apply said charge towards the payment of my monthly rent for the unit(s) listed above. Said charge authorization is to be in the amount equal to my total monthly rent, including sales tax, if applicable in effect at the time.

Signature: _____ Date: _____

Office Use Only

Date Received: _____ *Confirmed by:* _____