

# StorQuest<sup>®</sup>

## SELF STORAGE

### CREDIT CARD DEBIT AUTHORIZATION FORM

Credit Card Holder's Name: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Verification Number: \_\_\_\_\_

(This is the 3 digit number following your account number on the BACK of your Visa, MC or Discover card and the 4 digit number above the account number on the front right side of the Amex card).

Billing address of credit card: \_\_\_\_\_

The above credit card will be debited on a monthly basis for any and all charges associated with the storage unit(s) noted below. The credit card will be debited on the anniversary date of every month, which is the \_\_\_\_\_. The credit card will be debited for the full monthly amount of rent, including any and all other charges associated with this account. Other incidental debits will be transacted as they occur.

This agreement with StorQuest Self Storage, may be terminated at any time by **delivering a written notice** that credit card debit authorization is terminated and that payment will be provided by other means.

I, \_\_\_\_\_, (Tenant or Authorized Agent) acknowledge that I have read the above statement fully and understand it completely. I authorize StorQuest Self Storage to debit my credit card as described on this authorization form. Furthermore, I certify that the above credit card information is accurate and correct.

Unit(s) #: \_\_\_\_\_

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

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_