

OFFICE HOURS

Mon - Sat 8:00 - 6:00
Sunday By Appt.
12:00 - 5:00

ARIZONA STORAGE CENTERS

CREDIT CARD AUTHORIZATION FORM

GATE HOURS

Mon - Sun 7:00 - 7:00
Open Holidays

I authorize the above indicated facility to keep my signature on file and to charge my credit card account, listed below, in the amount of \$ _____ (Rent + Taxes) on the first day of the month, beginning on _____ and ending when I vacate my unit(s) or cancel this agreement. I understand that this form is valid until I cancel this authorization, ten (10) days prior to vacating, through written notice to the above indicated facility.

I authorize the above indicated facility to keep my signature on file and to charge my credit card account in the event I may call and ask the management to do so. I understand that management cannot charge my card for accounts over thirty (30) days past due or upon vacating my unit.

Unit Number (s): _____

Customer Name: _____

Cardholder's Name If Different: _____

Card Type:

Visa MasterCard Amex

Last Four Digits on Card: _____

Expiration Date: _____

Cardholder's Signature: _____

Date: _____