

AMERICAN MINI STORAGE  
10505 Hwy 64  
Arlington, TN-38002  
901-380-4261

**Authorization to Charge Form**

Storage Space Number(s): \_\_\_\_\_ Due Date: \_\_\_\_\_ Rate:\$ \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Cardholder name (as shown on card) \_\_\_\_\_

Card Number (last four only) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_ **PHONE:** \_\_\_\_\_

(please check one) Visa: \_\_\_\_\_ MC: \_\_\_\_\_ Amex: \_\_\_\_\_ Discover Card: \_\_\_\_\_

**PLEASE INITIAL next to the type of charge you authorize:  
(DO NOT CHECK MARK)**

Monthly Automatic: (initials) \_\_\_\_\_ One Time Only: (initials) \_\_\_\_\_

Phone Authorization: (initials) \_\_\_\_\_ (must remember to call office)

I hereby authorize **American Mini Storage-10505 Hwy 64 Arlington, Tn-38002** to charge the above referenced account automatically each month or by phone authorization and to apply said charges towards the payment of my monthly rent and/or all charges/fees due at the time of authorization for the unit number (s) stated above. Said charge authorization is to be in the amount equal to my monthly rent/fees in effect at the time. *I understand rental rates are subject to increase and that I will be given 30 days advance notice in that event. This authorization will remain in effect for the increase in rent, unless I make other payment arrangements at the time of notification.*

I understand that it shall remain **MY** responsibility to notify **American Mini Storage** in writing, of any credit card changes such as card type and/or expiration dates, and to give 10 days advance written notice of my intent to terminate my tenancy, and to pay any prorated amounts of rent that may become due thereof. I understand that if I fail to notify American Mini Storage of any changes listed above, prior to the automatic charge, that I am responsible, without dispute, for any and all charges applied to the authorized credit card at the time of the authorized charge.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State issued in \_\_\_\_\_

Site Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_