

American Mini Storage

8150 Kitty Hawk Rd.

Converse, TX. 78109

Ph. 210-659-5508 Fax 210-659-1018

Authorization to Charge Form

Storage Space Number _____ Due Date: _____ Rate \$ _____

Tenant Name: _____

Cardholder name (as shown on card) _____

Card Number: _____ Exp. Date _____

Billing Address _____ Billing Zip Code _____

(Please check one) Visa: _____ MasterCard: _____ AMEX: _____

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

Monthly Automatic: (initials) _____ One Time Only: (initials) _____

I hereby authorize **American Mini Storage 8150 Kitty Hawk Rd. Converse, TX. 78109** 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 Storage Unlimited of any changes listed above, prior to the automatic charge, which 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 #: _____

Site Staff Signature: _____ Date: _____