



## ***Cirby Self Storage***

*Cirbyselfstorage@surrewest.net*

175 Cirby Way \* Roseville, CA 95678

(916) 782-5255 (916) 782-5237 fax

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### **AUTHORIZATION TO CHARGE CREDIT CARD**

**CUSTOMER NAME:** \_\_\_\_\_

**STORAGE SPACE #(S) :** \_\_\_\_\_

**C/C ACCOUNT #:** \_\_\_\_\_  
VISA OR MASTERCARD ONLY

**EXPIRATION DATE:** \_\_\_\_\_  
MONTH / YEAR

I hereby authorize CIRBY SELF STORAGE to charge the above referenced credit card account automatically each month, and to apply said charge towards the payment of my monthly rent for the space number(s) stated above. Said charge authorization is to be in an amount equal to my monthly rent in effect at that time.

I also understand that if my credit card is declined for any reason, I am still responsible for any and all fees that may incur in accordance to my rental agreement. I agree that it is my responsibility to update my credit card when it expires in writing and to keep CIRBY SELF STORAGE updated with any change of address/phone numbers. I also agree to hold CIRBY SELF STORAGE harmless from liability as a result of its activities in connection with such transactions. I understand and agree there will be a \$1.00 transaction fee per month for this service.

I understand that it shall remain my obligation to notify CIRBY SELF STORAGE in writing (7) days in advance of my intent to terminate my tenancy, and to pay any prorated amounts of rent that may become due thereof.

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**Signature**

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**Print Name**

**Date**

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**Received By:**

**Date**