



47 Spencer Plains Road Old Saybrook, CT 06475 - 860.391.6810

CREDIT CARD/DEBIT CARD AUTHORIZATION

Please email to hello@saybrookstorage.com

Phone Number: _____

Cardholder's Name: _____

Address: _____

Daytime Phone: _____ Email: _____

I hereby authorize the above named storage facility to debit my:

VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER
(Circle one)

_____ Last 4 digits of Account Number

_____ Expiration Date

Amount to charge _____

For all charges incurred in connection with the space noted below. I understand that such debiting for rent payments and other charges on the space will normally occur on or about the _____ day of each month as long as I rent the space or upon the written termination of this authorization. Other incidental debits will be transacted as they occur. I also agree to hold this self storage facility, its owners and it's duly authorized agents for the owners harmless from liability as a result of the activities in connection with such transactions. I also understand that should payment authorization be declined, said failure to pay shall constitute a default under my rental agreement and subject the contents of my storage unit to possible foreclosure and sale. I will be responsible for all late fees and other charges enumerated in my Rental Agreement. I understand and agree that my payment will be processed in a "Card not present environment". The amount specified above is the current lease rate. Should rate increases Owner is authorized to charge the new unit rate. I agree to update the Owner of changes in any of the following in order to continue this service. : 1) expired card: 2) changes to credit card number: 3) change in expiration date: 4) change in card security code: 5) change in billing address.

SPACE NUMBER: _____

TENANT NAME: _____

Cardholder's Signature _____ Date _____

Signature of Duly Authorized Agent for Landlord _____

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