



Classic Self Storage

5685 Georgia Highway 400/Suite 200
Cumming, Georgia 30028
Phone 770 886-9836
Fax 678 513-4323

Tenant Monthly Credit Card Authorization

Unit Number: _____ **Date:** _____

Tenant Name: _____

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____

Billing Zip Code: _____ **Security Code Number** _____

.....

Please Circle ONE: **Visa** **MasterCard** **Discover**

.....

Please Circle ONE: **Monthly** **Quarterly**

.....

My signature below authorizes Classic Self Storage to charge the above referenced account automatically for each approved rental period (*monthly or quarterly*) and to apply said charge towards the payment of my monthly rent for the Unit Number(s) stated above. This charge authorization is to be in an amount equal to my monthly rent in effect at the time.

Also, I will update the storage facility of any:

- (1) Expired Credit Card
- (2) Any Credit Card Number Changes

If I do not update my Credit Card information, accrued late charges will NOT be waived.

Please print credit card holder's name

Credit Card Holder's Signature

Date