

Credit Card / Pay Authorization Form

Tenant (print name): _____

Unit(s)#: _____

I, _____ (tenant), authorize
_____ (property) to charge my credit card on a
monthly basis to pay for rental charges incurred in relation to my rental of the storage
unit(s) above. I understand that these charges will be charged to my card or bank
account for:

1. _____(initial) **AUTOPAY** on the date rent is due, with the possibility
that it may take several days to charge the payment
2. _____(initial) **MANUAL or OVER THE PHONE** when I verify my
identification and give the account number either over the phone or in person.
3. _____(initial) **DECLINE: I do not want auto pay or the ability to
pay over the phone or in person with a credit card or E-check at this time.**
4. _____(initial) **DECLINE/ AUTHORIZE: I do not want auto pay, but I
do authorize MANUAL or OVER THE PHONE** payment when I verify my
identification and give the account number either over the phone or in person .

I further understand that if this credit card payment is declined for any reason, I am
responsible for paying the rental charges on or before the due date. I understand that I
will be responsible for any late charges that accrue due to the denial of this credit card.

I also release Collierville Marketplace Self Storage from any liability associated with
holding this information on file.

Credit Card Type(mc/visa/disc./amex): _____

Credit Card Number: _____

Expiration Date: _____

Account Holders Signature: _____ Date: _____

Manager Signature: _____ Date: _____