MONTHLY CREDIT CARD
AUTHORIZATION FORM

Today's Date _____

Customer Unit # _____

Customer/Account Name _____

Name on card _____

Billing Address Information:

Address: _____

State:_____ Zip Code:_____

Type of Card: [ ] VISA   [ ] MASTERCARD

Account # _____

Exp _____   V-Code _____

Amount $_____

Start Date _____   End Date _____

I, _____, (print name as it appears on card) hereby authorize Harris Self Storage to debit my credit card on the 5th of each month. If this date falls on a weekend or holiday, I understand my account will be debited on the next business day.

Signed _____

Date _____