

All American Self Storage
3050 Taylor Road, Roseville, CA 95678
PH: (916) 786-9090 Fax: (916) 786-3501

AUTHORIZATION TO CHARGE

Date: _____ Unit # _____

Occupant/Card Holder: _____

VISA _____ MASTERCARD _____

LAST FOUR DIGITS OF CARD # _____ Exp. Date: _____

Street Address: _____

Zip Code: _____

I, _____ hereby authorize **All American Self Storage** to charge the above referenced account automatically on the due date each month for rent and any fees due. AASS will apply said charge toward the payment of my monthly rent for the unit number(s) stated above. **The charge date must coincide with the due date of the storage unit.**

*Rent increases and or late fees will also be charged if due.

I understand that it shall remain my obligation to notify All American Self Storage in writing, 10 days in advance of my rent becoming due if I intend to terminate my occupancy. I agree to pay any amount of rent(s) that may become due thereof. **We do not issue refunds or credits on early move-outs.** If you need your last month's rent prorated, please let us know prior to your payment being charged. Rent pro-rations will only be made upon our receipt of written move-out notice.

PRINT NAME: _____

Occupant/Card Holder Signature: _____

***** If your card is lost / stolen it is your responsibility to notify us and render payment in another form.**

*****Credit card and computer receipt will be kept in your file for a period of 6 months only. After that, they will be destroyed.**

AASS MANAGEMENT: Was ID and expiration date verified? Yes: _____ No: _____ Mgr. Initials: _____

AASS MANAGEMENT: SWIPE CREDIT CARD OR INPUT CARD INFORMATION INTO COMPUTER AND KEEP THIS FORM FOR REFERENCE/AUTHORIZATION ONLY.