



# 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**