

# A-AMERICAN SELF STORAGE

## AUTHORIZATION TO CHARGE

I, \_\_\_\_\_ give authorization to  
A-American Self Storage to charge the amount of \$\_\_\_\_\_ on my  
\_\_\_\_\_ credit card # \_\_\_\_\_  
(Visa/MC/Amex/Discover)  
for the storage payment of \_\_\_\_\_, unit # \_\_\_\_\_.

\_\_\_\_\_  
Signature of card holder

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Date

Billing Address  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Sign below if you want to keep this credit card on file.

\_\_\_\_\_  
Signature of card holder

If this is a fax or email transaction please send of copy of the front & back of your credit card  
and your driver's license on a separate sheet and send all papers to

\_\_\_\_\_ attn. \_\_\_\_\_  
(facility fax or email address) (manager name)