

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)