

CREDIT CARD/DEBIT CARD AUTHORIZATION

Rohit Corp. dba
ALL AMERICAN SELF STORAGE
160 Fountain Street
Framingham, MA 01702
(508) 875-5509 info@selfstorageframingham.com

Cardholder's Name: _____

Address: _____

Phone & Area Code: _____ Email: _____

I hereby authorize the above-named storage facility to debit my:

VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER
(Circle one)

Last 4 digits of Account Number Expiration Date CVV

Amount to charge \$ _____

For all charges incurred in connection with the space noted below. I understand that such debiting for rent payments and other charges on the space will normally occur on or about the _____ day of each month as long as I rent the space or upon the written termination of this authorization. Other incidental debits will be transacted as they occur.

I also agree to hold this self storage facility, its owners and its duly authorized agents for the owners harmless from liability as a result of the activities in connection with such transactions. I also understand that should payment authorization be declined, said failure to pay shall constitute a default under my rental agreement and subject the contents of my storage unit to possible foreclosure and sale.

I will be responsible for all late fees and other charges enumerated in my Rental Agreement. I understand and agree that my payment will be processed in a "Card not present environment". The amount specified above is the current lease rate. Should rate increases Owner is authorized to charge the new unit rate.

I agree to update the Owner of changes in any of the following in order to continue this service. : 1) expired card: 2) changes to credit card number: 3) change in expiration date: 4) change in card security code: 5) change in billing address.

TENANT NAME: _____ SPACE NUMBER: _____

Cardholder's Signature _____ Date _____

Signature of Duly Authorized Agent for Landlord _____