



SAV - ON STORAGE
 3712 MAIN ST.
 CHULA VISTA, CA. 91911-5835
 Phone: 619-425-2040 Fax: 619-427-6357
 www.savonstorage.com

AUTHORIZATION TO CHARGE

**\$5.00 Processing Fee per transaction
 (Phone Pay Only)**

I hereby authorize **Sav-On Storage** to charge the below referenced credit card automatically each month _____, this time _____ \$ _____ and to apply towards the payment of my monthly rent and charges for the unit number(s) stated below. Said charge authorization is to be in an amount equal to my intent in effect at the time.

I understand that it shall remain my obligation to notify **Sav-On Storage** in writing of any changes in my credit card information, address, credit card number, or expiration date, prior to the next due date.

Unit Number # _____ DL # _____ DOB ____/____/____

Customer Name _____

Name of Credit Card _____

Address _____

CC# _____ Exp Date ____/____/____

Last Three Digits on Reverse Side of CC ____ _ ____

VISA ____ MASTERCARD ____ AMERICAN EXPRESS ____ DISCOVER ____

A \$15.00 charge will be added for any charge refused by the credit issuer for any reason. This authorization shall remain in effect until terminated, by signing below or until written notification is received via certified mail.

Signature _____ Date _____

TERMINATION OF CREDIT CARD AUTHORIZATION

I, _____, her by TERMINATE the above authorization.

Effective the ____ day of _____, 20____.

Dated: _____ Authorized Cardholder's Signature _____