



127 Storage Way - Dawsonville, GA 30534
Phone: 706-429-0156 - FAX 706-344-1410
www.LocknRollSelfStorage.com

TENANT MONTHLY CREDIT CARD AUTHORIZATION

Unit Number:	Date:
Tenant Name:	
Card Holder Name:	
Credit Card Number:	
Expiration Date:	
Billing ZIP Code:	Security Code Number:
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

My signature below authorizes Lock 'n Roll 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