



PAYMENT AUTHORIZATION

I hereby authorize Turner Farms Self Storage to charge the below referenced credit card for the AMOUNT AUTHORIZED as listed below. I understand that this is a one-time payment authorization, and the total account balance on the unit(s) listed below must be paid in full in order to regain access to the unit(s). I also understand that my credit card will not be processed until this form has been completed and returned to the Rental Office. (PLEASE PRINT)

OCCUPANT: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ (# Associated with Credit Card billing)

PAYMENT CARD TYPE: (Check one)

_____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

CARD #: _____ EXP. DATE: _____ (mo/yr)

SECURITY CODE: _____ (3 digits on back of VISA/MC, 4 digits on front of AMEX card)

AMOUNT AUTHORIZED: \$ _____ (This is the amount we will process)

Card Holder's Signature

Date

FACILITY: _____