

GUDE SELF STORAGE

AUTOMATIC CREDIT CARD AUTHORIZATION FORM

Storage Unit Number(s): _____

Customer Name: _____

Name as it appears on the card: _____

Account Number: _____ Expiration Date: _____

VISA _____ Master Card _____ Other _____

I hereby authorize **GUDE SELF STORAGE** to charge the above referenced account automatically on the first day of each month, and to apply said charge towards the payment of my monthly rent for the unit number(s) stated above. Said charge authorization is to be in an amount equal to my monthly rent in effect at the time.

I understand that it shall remain my obligation to notify **GUDE SELF STORAGE** in writing in order to cancel this agreement and that notice must be given no less than fifteen (15) days prior to the cancellation date.

I understand that it shall remain my obligation to notify **GUDE SELF STORAGE** in writing of any changes of billing address or phone number associated with this card, as well as any changes of credit card number and/or expiration date.

Dated: _____

Signature: _____

Name: _____

(Please Print)

Accepted By:

Name: _____
(Signature of Representative of Gude Self Storage)

Date: _____