

# **AIRPORT SELF STORAGE**

**2479 Sullivan Road, College Park, GA 30337**

**(404) 761-7923 phone (404) 761-0037 fax**

## **CREDIT CARD PRE-AUTHORIZATION CONSENT**

**NAME** \_\_\_\_\_ **SPACE #** \_\_\_\_\_

**COMPANY** \_\_\_\_\_

**CREDIT CARD #** \_\_\_\_\_ **EXP DATE** \_\_\_\_\_

**SECURITY CODE** \_\_\_\_\_ (required, 3 digit # on back of card)

**BILLING ADDRESS** (required) \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** (required) \_\_\_\_\_

**TELEPHONE: #1** \_\_\_\_\_ **#2 alt** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

By signing below, the credit card holder agrees to comply with the cardholder agreement and authorizes Airport Self Storage to charge the noted credit card for all charges relating to the listed space(s). Charges will be automatically posted between the 1<sup>st</sup> and 5<sup>th</sup> of each month, unless specifically instructed in writing otherwise. This authorization will continue until cancelled in writing or until the card expires.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**IMPRINT OR COPY:**