



Visit us online at: www.capitalstorageny.com

MAIN OFFICE:

1 Cannon Hill Dr.
New Hampton, NY 10958
Tel. 845-374-4444
Fax. 845-374-3724
Toll Free: 888-759-4840

1695 Route 52
Liberty, NY 12754
Tel. 845-292-4400
Fax. 845-292-0044

Automatic Credit Card Payment Authorization Form

Space Number: _____ Customer Name: _____

Credit Card Number: _____

Exp. Date ___/___, 3 Digit number in back of card (4 Digit on Amex) _____

Name as it appears on card: _____

Credit Card Address: _____

City _____ State _____ Zip _____

Type of Card:

Visa Master Card Amex Discover

I hereby authorize Capital Self-Storage to charge the above referenced account automatically each month, and to apply said charge towards the payment of the monthly rent for the space number(s) stated above. Said charge authorization is to be in an amount equal to my monthly rent & charges in effect at the time.

I understand that it shall remain my obligation to notify Capital Self-Storage in writing in order to cancel this agreement and that notice must be given no less than ten (10) days prior to the collection date.

Dated: _____

(Card Holder's Signature)

Name- Please Print

Dated: _____

Signature- Company Representative