

Carolina Street Self Storage

1712 Carolina Street

Bellingham, WA 98229

Ph (360) 756-1339 Fax 360-756-6745

carolina@coastmgt.com

MONTHLY AUTO CHARGE

I, _____, (the undersigned) hereby authorize Carolina Street Self Storage to keep my signature on file and charge my account for appropriate charge of the monthly rent(s) and other charges and/or fee(s) due on a monthly basis, for storage space # _____.

I understand that this authorization is valid until I cancel the authorization through written notice to Carolina Street Self Storage and receive confirmation thereof, or until said storage space is vacated and Lease is terminated.

Name on Credit Card _____

Cardholder Billing Address _____

City _____ State _____ Zip Code _____

Card Type (circle one) VISA Debit MasterCard Discover American Express

Credit Card #

Expiration Date ____/____
(Month) (Year)

By signing below, cardholder agrees, should the card be declined for any reason, storage space Occupant(s) will be responsible for all rents, late fees and other charges pursuant to the Rental Agreement, and I authorize to be charged \$40 should Carolina Street Self Storage be contacted by your bank for a chargeback, dispute or any reason whatsoever.

Cardholder's Signature/Authorization

____/____/____
Date

Customer Email