



Automatic MasterCard/VISA

Credit Card /Debit Card

Monthly Recurring Payment Authorization Form

I (we) hereby authorize Pitt Stop Storage hereafter (Company) to initiate a sales transaction to my Credit or Debit Card account indicated below, and initiate adjustments (if necessary) for any transactions made in error. This authority will remain in effect until Company is notified by me in writing to cancel it in such time as to afford Company and Financial institution a reasonable opportunity to act on it.

Storage Unit # _____

Credit Card or Debit Card number (Eligible cards have MasterCard or VISA logo on card)

Expiration Date ___ / ___ CVV # ___ (On back of card)

\$ Amount _____

Name on Card _____

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

X _____

Cardholder Signature

Address on Credit Card Statement

Email completed form to : pittstopstorage@etcable.net