

SPECIALIZED AUTO STORAGE - CREDIT CARD AUTHORIZATION FORM

I, the undersigned, hereby authorize Specialized Auto Storage to charge my credit card for the purpose of payment for services rendered, in accordance with the terms and conditions outlined below:

CUSTOMER INFORMATION:

- **Customer Name:** _____
- **Billing Address:** _____
- **City, State, ZIP:** _____
- **Phone Number:** _____
- **Email Address:** _____

CREDIT CARD INFORMATION:

- **Cardholder Name:** _____
- **Credit Card Type (Visa/MasterCard/Amex/Discover):** _____
- **Credit Card Number:** _____
- **Expiration Date (MM/YYYY):** _____
- **CVV/CVC Code:** _____

AUTHORIZED AMOUNT AND FREQUENCY:

I authorize Specialized Auto Storage to charge my credit card for the following:

- **Amount:** \$209.00 \$ 995.00 \$ 149.00
- **Frequency:** [Monthly] [5 Month] [Summer Monthly]

SERVICE DESCRIPTION:

Indoor Storage for cars trucks motorcycles and boats

Sign: _____

Print Name: _____ **Date:** _____