



Credit Card Payment Authorization Form

Sign and complete this form to authorize **Samson Mini Storage LLC** to make debits to your credit card listed below.

By signing this form you give us permission to debit your credit card for the amount indicated on or after the indicated date. This is permission to debit your account on a reoccurring monthly basis until you notify us in person or by writing to vacate from your storage room with 30 days notice. The yearly occupancy charge or any other charge may be increased by 5% Annually at the beginning of the anniversary date.

I _____ authorize **Samson Mini Storage LLC** to charge my credit card
(FULL NAME)

for Self Storage services at Samson Mini Storage 37 West 13th St. NY, NY 10011.

Monthly Charge _____

Security Deposit _____

Reoccurring Charge _____

<input type="checkbox"/> Credit Card <ul style="list-style-type: none"> <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMEX <input type="radio"/> DISCOVER 		
Card # _____		
Expiration Date _____		
FIRST _____	LAST _____	MIDDLE INITIAL _____
Address _____		Floor/Suite/Apt. _____
City _____	State _____	Zip _____
X _____ SIGNATURE OF ACCOUNT HOLDER		
Date _____		

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. There will be a \$50 additional fee for each item returned due to insufficient funds.