

**COLISEUM SELF STORAGE
5200 COLISEUM WAY
OAKLAND CA, 94601
FAX (510) 532-2518**

**CREDIT CARD AUTHORIZATION FOR
AUTOMATIC PAYMENT PROGRAM**

CARD TYPE (CIRCLE ONE)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME OF TENANT _____ SPACE # _____

CREDIT CARD # _____ RENT\$ _____

EXPIRATION DATE _____ DATE DUE _____

I HEREBY AUTHORIZE COLISEUM SELF STORAGE TO CHARGE THE ABOVE REFERENCED CREDIT CARD ACCOUNT AUTOMATICALLY EACH MONTH AND APPLY SAID CHARGE TOWARD THE MONTHLY PAYMENT OF THE CHARGES AGREED UPON IN MY LEASE/RENTAL AGREEMENT WITH COLISEUM SELF STORAGE FOR SPACE /SPACES STATED ABOVE I UNDERSTAND THAT I WILL REMAIN RESPONSIBLE TO NOTIFY COLISEUM SELF STORAGE OF ANY CHANGES IN THE STATUS OF MY CREDIT CARD, SUCH AS

1. CARD TYPE 2. ACCOUNT NUMBER 3. DATE OF EXPIRATION

I UNDERSTAND THAT IT SHALL REMAIN MY OBLIGATION TO NOTIFY CONCORD SELF STORAGE IN WRITING TEN (10) DAYS IN ADVANCE OF MY INTENT TO TERMINATE MY TENANCY.

DATE: _____

NAME: _____

SIGNATURE: _____

MANAGER: _____

**PLEASE ATTACH A LEGIBLE PHOTOCOPY OF THE FRONT OF THE CREDIT CARD
AND PHOTO ID FOR VERIFICATION.**