



Credit Card Payment Authorization

By this authorization, you agree to the regularly scheduled charges to your Credit Card. In each billing period, you will be charged the indicated amount below. You will be provided with a receipt for each payment and the charge will appear on your Credit Card Statement. In the event the billing date or the amount charged changes, you agree that notice of such change will be provided to you by us at least 10 days before the payment due date.

I, _____, allow Star's Storage to charge my Credit Card below for \$ _____ as of _____ (Due Date), and continue to charge on the same day of each following month.

Monthly Storage Fee: \$ _____

Spot Number: _____

Billing Details

Billing Address: 1191 Fort Street, Trenton, MI 48183

Phone Number: (734) 444-3555

Email: StarsStorage1@gmail.com

Credit Card Information

Visa / MasterCard / AMEX / Discover

Cardholder's Name: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Security Code (CVV): _____

Email: _____

Individual's Signature: _____ Date: _____