

PAY BY PHONE FORM

Unit #: _____ Name: _____

Name as it appears on card: _____

Your billing address: _____

(where you receive card bill) _____

Current Home Phone #: _____ Credit Card Type (circle one):



Credit Card Number: _____

Expiration Date: _____ V-Code _____

Yes, I would like to participate in Pay By Phone. I will call each month when I wish to pay by credit card. I understand I will not be charged until I call and that all late fees will apply if I do not call or pay on time.

I understand that normal late charges will accrue if the following situations occur:

INITIAL

_____ I exceed my credit limit (authorization declined).

_____ My credit card expires (authorization denied).

_____ I **do not** maintain the current credit card billing address.

I understand it is **MY** responsibility to maintain a valid credit card, **NOT** that of the storage facility

Cardholder Signature: _____ Date: _____

OPTIONAL: I would like these additional cards kept on file for possible usage:

Card #1 Type: _____ Number _____ Exp _____ V-Code _____

Card #2 Type: _____ Number _____ Exp _____ V-Code _____