

Credit Card Authorization Form

Name on card _____

Card # _____

Billing address _____

Billing zip code _____

CV2 number (3 digit # on back of card) _____

Expiration date _____

Check appropriate box:

_____ Automatic withdrawal on the 5th of each month

_____ Permission by phone

The undersigned hereby requests and authorizes the sum of _____
dollars to be deducted from my credit card for payment on my
storage unit(s) # _____.

Signature _____ date _____

Fax to: 919-644-0259 or

mail to:

Surety Storage

2707 NC Hwy 86 South

Hillsborough, NC 27278