



CREDIT CARD DEBIT AUTHORIZATION

I, _____ whose address is

hereby authorize **Self Storage of Santa Maria,**

located at: **1701 N. Carlotti Drive
Santa Maria, CA 93454**

to debit my VISA MASTERCARD AMERICAN EXPRESS

Account # Expiration Date

for charges incurred in connection with the storage unit(s) noted below. I understand such debiting for lease payments and other charges on the unit(s) will normally occur on or about the 1st day of each month for as long as I lease the storage unit(s) or until I terminate this authorization. Other incidental debits will be transacted as they occur. I also agree to hold SELF STORAGE of SANTA MARIA and its agents harmless from liability as a result of its activities in connection with such transactions. I also understand that should payment authorization be denied I will be responsible for the late fees enumerated in my lease agreement.

Date

Unit #

Tenant's signature

Manager