

**PAYMENT AUTHORIZATION**



I hereby authorize Hardy's Self Storage to charge the below referenced credit card for the AMOUNT AUTHORIZED as listed below. I understand that this is a one-time payment authorization, and the total account balance on the unit(s) listed below must be paid in full in order to regain access to the unit(s). I also understand that my credit card will not be processed until this form has been completed and returned to the Rental Office. (PLEASE PRINT)

OCCUPANT: \_\_\_\_\_ UNIT(S) #: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ (# associated with credit card billing)

PAYMENT CARD TYPE: (check one)

VISA       MASTERCARD       AMERICAN EXPRESS

CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ (mo./yr.)

SECURITY CODE: \_\_\_\_\_ (3 digits on back of VISA/MC, 4 digits on front of AMEX card)

AMOUNT AUTHORIZED: \$ \_\_\_\_\_ (This is the amount we will process)

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Date

FACILITY: \_\_\_\_\_