DALE STREET STORAGE
6000 DALE STREET SUITE 101 BUENA PARK, CA 90621
TEL: (714) 522-4020 FAX: (714) 522-4050

Tenant Name: _____ Unit #: _____

Name on Card: _____

Billing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Check One: □ Visa □ Master Card □ American Express □ Discover

Card #: I_____I_____I_____I_____I_____I_____I_____I_____I_____I_____I_____I_____I X I X I X I X I Exp: __ __ /__ __

Rent and additional rent payments and/or fees and/or merchandise for the storage unit(s) named above will be charged for as long as the Rental Agreement is in effect.

Please Note: It is your responsibility to notify us with any new information such as expiration date, change in the billing address, etc. If approval of your credit card cannot be obtained, we will attempt to contact you.

I hereby authorize Chaparral Self Storage to automatically debt my credit card for the charges incurred in connection with the storage unit noted above. Authorization can be terminated in writing at any time by the tenant or by the person named on the credit card. I also agree to hold Chaparral Self Storage harmless from liability as a result of its activities in connection with such transactions.

Cardholder's Signature: _____ Date: _____

Rev 2018-09-18