

**STORBOX Self Storage & *The Wine Grotto***

2233 E. Foothill Boulevard, Pasadena, CA 91107

Phone: (626) 793-9888 Fax: (626) 793-2238



**CREDIT CARD AUTHORIZATION FORM**

**PLEASE COMPLETE THIS AUTHORIZATION and  
RETURN IT TO OUR OFFICE IN PERSON, BY FAX: (626) 793-2238 OR BY MAIL**

\_\_\_\_\_  
Tenant Name on Contract

\_\_\_\_\_  
Units # (if available)

I hereby authorize STORBOX Self Storage to debit my: (check one)

Visa  MasterCard  American Express  Discover Card

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit CVV # from back of card: \_\_\_\_\_

Select type of charge:

One Time for: \$ \_\_\_\_\_

Monthly (on or around my monthly billing date)

Semi-Annual – Wine Storage only (on or around my 6-month billing date)

Annual – Wine Storage only (on or around my annual billing date)

This charge authorization is to pay an amount equal to the total balance due at the time of the charge, which may include rent, delivery &/or disposal fees and other miscellaneous items.

Billing Name (appearing Cr Card): \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I agree to hold above said facility 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 as outline in my lease agreement.

\_\_\_\_\_  
Cardholder Signature - if not tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant/ Fiduciary Signature – if cardholder

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**  Verified against contract signature

Added/Updated Autopay:  Yes  No  N/A

\_\_\_\_\_  
STORBOX Manager or Agent (last name & signature)

\_\_\_\_\_  
Date