



27380 Nicolas Road, Temecula, CA 92591

Tel: (951) 699-4119

Fax: (951) 699-5272

Tenant Name: _____ Unit #: _____

Name on Card: _____

Billing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Check One: Visa Master Card American Express Discover

Last Four (4) Digits of Credit Card # _____ 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 debit 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: _____

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