



Billing Information

Unit # _____, _____, _____ Account ID _____

Invoicing

Please mail me a monthly invoice. (\$1.00 per month) Initial _____

Please e-mail me a monthly invoice. Initial _____

Credit Card Payment (free)

Automatic monthly debit of my credit/debit card Initial _____

I hereby authorize Towne Storage to charge the referenced account(s) automatically each month and apply said charge toward the payment of my amount due. Said charge authorization is to be in the amount equal to my monthly rent in effect at the time and will include other applicable charges.

Telephone authorization of my credit/debit card Initial _____

I hereby authorize Towne Storage to charge the above referenced account upon receipt of my telephone call each month and apply said charge towards the payment of my monthly rent for the unit number(s) stated above. Said charge authorization is to be in the amount equal to my balance in effect at the time of my call, which may include late fees. I understand this is NOT an automatic monthly debit; I am responsible for all charges that accrue due to untimely payment as outlined in the Lease Agreement. If after 10 days, the account is not paid in full I authorize Towne Storage to charge my card.

Card # _____ - _____ - _____ CVV#: _____ Exp. Date: ____/____/____

Visa Master Card American Express Discover

Card holder's name (as it appears on the card)

Billing Address: _____

City: _____ State: _____ Zip: _____

I understand that if the card is declined, I am responsible for all other charges as outlined in the lease agreement. Only the expiration date can be updated via telephone. I also understand that it is my responsibility to notify Towne Storage within 10 days if the account information changes. If I no longer need this service or I am vacating the space I need to give 10 days notice to terminate this agreement.

Customer Printed Name Signature Date

Manager Printed Name Signature Date