

**Cascade Self Storage - Grants Pass**  
**2450 NW Vine St.**  
**Grants Pass, OR 97526**  
**541-507-1960**  
**cascadegrantspass@hcamgmt.com**

**CREDIT CARD INFORMATION ADDENDUM**

Page 1 of 1

This Addendum to a certain self storage Rental Agreement dated \_\_\_\_\_, 20\_\_\_\_, between Cascade Self Storage – Grants Pass (“Owner”), d.b.a. Cascade Self Storage (“Facility”) and \_\_\_\_\_ as Occupant is amended for the following purposes:

WHEREAS, Occupant requests to pay its Rent on an automatic basis on the date desired in the Rental Agreement each month;

**CREDIT CARD**

Occupant provides Owner the following credit/debit card information on a credit/debit card owned by Occupant or upon which Occupant has authority to charge as described below:

Name on card \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Type of card \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_

Credit/Debit Card Billing Address: \_\_\_\_\_

**AUTHORIZATION**

By providing credit/debit card information, Occupant has authorized Owner to automatically charge Rent to the credit/debit card referenced in the Summary Terms and Conditions (which is owned by the Occupant or upon which Occupant has authority to charge) on the First Day of each month, or as soon as reasonably practicable thereafter, on the First day of each month of the Term. This authorization shall continue and include any increases in Rent and other charges assessed to the Occupant. In any circumstance, in the event Occupant terminates this authorization or the Rental Agreement owing any Rent, or other charges due to Owner, Owner may charge the credit/debit card listed any sum due and owing upon termination. No credit/debit cards are accepted at all for payment once Occupant is Thirty-One (31) days late. It is Occupant’s responsibility to notify Owner of any new or updated credit/debit card information changes (including updating an expiration date on a credit/debit card.) Occupant shall be charged late fees and other Default charges if the credit/debit card payment is not approved by Occupant’s bank/credit/debit card provider.

To the extent there is a conflict between the terms and conditions of the Self-Service Storage Rental Agreement and this Addendum, to the extent possible, the terms of this Addendum shall control.

**“Owner”**

**Cascade Self Storage – Grants Pass**  
**d.b.a. Cascade Self Storage**

By: \_\_\_\_\_

Its: Authorized Agent

Date Signed: \_\_\_\_\_

**“Occupant”**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Cardholder Signature: (if different) \_\_\_\_\_

Identification Required \_\_\_\_\_ (Initial)