

**San Francisco Mini Storage Credit Card Authorization Form
(Visa, MC, Discover)**

DATE _____

I, _____, authorize San Francisco Mini Storage to charge my
credit card # _____, expiration date _____
for the monthly rent of _____ on my unit/space # _____.

I understand and agree that should my credit card expire or decline for any reason I am ultimately responsible for paying the rent by the due date of each month, and that San Francisco Mini Storage and its agents are not responsible for notifying me of any problems, but may do so as a courtesy.

I also understand that this arrangement can be terminated at any time by notification in writing, or at the point of vacating the unit.

I agree to notify San Francisco Mini Storage of any changes to the above arrangement in writing. (i.e. changing credit card #'s or updates).

Signed: _____ Date: _____

Credit card billing Street# _____ Zip Code _____

***Photo Copy of Credit Card and Drivers License required
