

Self Storage Plus

Automatic Credit Card Payment Application Form

Agreement Number (appears in the top corner of your invoice):

Customer Name:

I hereby authorise Self Storage Plus to charge the fees for my storage unit to the credit card referenced below. This charge is to be equal to the monthly rent in effect at the time and will be charged on the due date each month.

Card Type (please tick one):	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DINERS CLUB
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Name On Card:	
Signature:	X

Please mail the completed form to:

Self Storage Plus
PO Box 10
BLAXLAND NSW 2774

Or fax to:
02 4739 3244

Office Use Only (Please Tick):

Auto Payment Ticked:	Auto Amount Entered:	Authority Signed Date Entered:	Authority Expiry Date Entered:	Name on Card Entered:	Card Number:	Expiry Date Entered:	Notice No 1 Entered:	Entered By and Date:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Updated: 18/10/07