

Stuff-N-Store LLC.
Managed by Self Storage Management, LLC
AUTOMATIC CREDIT CARD AUTHORIZATION

I hereby authorize Stuff-N-Store LLC, Managed by Self Storage Management, LLC, to automatically charge my credit card as noted below for my monthly payment for storage. I understand that an automatic draft will recur each month for the amount due in accordance with the terms of my commercial self-storage contract. I may revoke this automated payment authorization at any time with thirty (30) days written notice to Self Storage Management, LLC at the address identified below. However, if I do not return the key(s) and fail to pay the rent due by another method, the Lessor may continue to use this agreement to obtain rents and all other charges which may become due under the terms of my self-storage contract. Any 30-day notice given by Self Storage Management, LLC as to a rent increase or a change in rents will automatically increase the monthly deduction per this agreement unless declined in writing by the cardholder. **All keys must be returned before the automatic renewal payment is discontinued.**

I also understand I am responsible for ensuring that the necessary credit is available at the time any charges per the terms of my storage contract become due and payable. I will continue to be responsible for payment should anything prohibit regular payments to my credit card in this manner.

Please complete the below information for the credit card you would like charged and on which you are a duly authorized account holder. Your credit card will be charged 2-3 days prior to the payment due date indicated on your bill. You will receive a monthly e-mail receipt from Self Storage Management, LLC. You also will see the charge on your monthly credit card statement. **All returnable security deposits and other credits will be paid by check and sent to your last known address on file.**

E-MAIL: _____

STORAGE UNIT: _____ **located in the city of Madison, WI. The VIN Code Back of Card** _ _ _

AMT PER MONTH: _____ **DATE TO START:** _____

Card Type: ___ **Visa®** ___ **MasterCard®** **EXPIRATION DATE** ___ / ___

Credit Card Number _____

Name on Card: _____

Credit Card Billing Address: _____

City, State, Zip Code: _____

By signing this authorization, I am guaranteeing payment with my credit card above per the terms of my self-storage agreement with Stuff-N-Store LLC.

Cardholder Authorized Signature
AUTO CARDAUTH January 2016

Date Signed

910 Cottage Court A, Madison, WI 53716-1160
Phone (608) 222-1888
E-mail stor-it@stuffnstore.com