



LOST CREEK

SELF STORAGE

522 E. 80th St. Stillwater, OK 74074
P.O. Box 2343 Stillwater, OK 74076
405-533-1745

Debit or Credit Card Authorization Form

I hereby authorize *Lost Creek Self Storage, LLC* to initiate debit entries to the following debit or credit card number that I have given to *Lost Creek Self Storage, LLC*. This shall be for payment of our monthly storage rental.

Tenant name: _____

Unit number: _____

Name of Cardholder: _____

Cardholder's full billing address (including zip code): _____

Type of card (circle one): **VISA** **MASTERCARD** **DISCOVER** **AM EXPRESS**

Card number: _____

Expiration number (MM/YY): _____

CVC (security code on back): _____

Amount to be debited on or after the first of each month: \$ _____

This authorization remains in effect until *Lost Creek Self Storage, LLC* has been notified in writing.

Signature of Cardholder

Date

PLEASE ATTACH COPY OF CARD TO THIS FORM!