## **BELLEVILLE STORAGE CENTER**

OFFICE HOURS: 9:00 a.m. - 5:30 p.m. Weekdays 9:00 a.m. - 3:00 p.m. Saturdays **Closed Sundays** 

GATE HOURS: 6:00 a.m. - 9:00 p.m. EVERYDAY

## **CREDIT CARD AUTHORIZATION FORM**

## FOR AUTOMATIC MONTHLY CHARGES:

I HEREBY REQUEST/ AUTHORIZE BELLEVILLE STORAGE CENTER TO CHARGE MY MONTHLY BILL TO MY:

VIS	AMASTER CARD	DISCOVER	AMERICAN EXPRESS	
LAST 4 DI	GITS OF CARD#	EXPIRATION		
3 DIGIT SE	ECURITY CODE ON REVERSE OF	CARD		
PROVIDE I	NAME & BILLING ADDRESS ASSO	CIATED WITH THIS	CREDIT CARD:	
NAME AS	IT APPEARS ON CARD		UNIT #	
Street #	Street Name		Apt. #	
City	ZIP	CODE		
• <u>I U</u>	NDERSTAND I MUST PROVIDE A	COPY OF A PHOT	<u>) I.D.</u>	
atten		xt day. Any attempts be	date, and that if the charge is declined on the yond the second must be authorized by the c	
• NO	TE- IT IS THE CUSTOMER	'S RESPONSIBII	<b>ITY TO KEEP THE OFFICE</b>	

## UPDATED ON CHANGES TO CARDS KEPT ON FILE FOR PAYMENTS.

SIGNATURE DATE

PHONE-IN PAYMENTS ONLY:					
IF YOU PREFER TO HA	VE CHARGES MADE ONLY WHEN YOU TELEPHONE US, PLEASE				
CHECK HERE	. INITIALS				