Payment Authorization Form

Name:_____ Unit/s #:_____

Address:_____State:_____Zip:_____

Credit/Debit Information

Name if different than above: _____

Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration Date ____/_____   Security Code _____   Zip Code _____

Email address to send charge verification:_____

Cardholder Signature: _____

Date: _____

ASP Storage Use Only

Unit Number/s: _____ Access Code:_____

Approve Item: ☐   Customer Account/Unit set up: ☐   Deposit: ☐

AutoPay set up: ☐   Monthly Rate: ☐   Monthly Charge : ☐

Discounts: 6 Month ☐ 12 Month ☐ Multi Unit ☐ Total Discount: ☐

Sales Tax: ☐ Yes ☐ No   Sales Tax Total: ☐

Total Monthly Recuring Charge: ☐

Completed by:_____ Date: _____