

# CREDIT CARD/DEBIT CARD AUTHORIZATION

Neighborhood Self Storage, LLC dba  
NEIGHBORHOOD SELF STORAGE

51 US Route 209  
Port Jervis, NY 12771  
(845) 551-1823 info@nsss.com

Cardholder's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone & Area Code: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize the above-named storage facility to debit my:

VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER  
(Circle one)

\_\_\_\_\_  
Last 4 digits of Account Number      Expiration Date      CVV

Amount to charge \$ \_\_\_\_\_

For all charges incurred in connection with the space noted below. I understand that such debiting for rent payments and other charges on the space will normally occur on or about the \_\_\_\_\_ day of each month as long as I rent the space or upon the written termination of this authorization. Other incidental debits will be transacted as they occur.

I also agree to hold this self storage facility, its owners and its duly authorized agents for the owners harmless from liability as a result of the activities in connection with such transactions. I also understand that should payment authorization be declined, said failure to pay shall constitute a default under my rental agreement and subject the contents of my storage unit to possible foreclosure and sale.

I will be responsible for all late fees and other charges enumerated in my Rental Agreement. I understand and agree that my payment will be processed in a "Card not present environment". The amount specified above is the current lease rate. Should rate increases Owner is authorized to charge the new unit rate.

I agree to update the Owner of changes in any of the following in order to continue this service. : 1) expired card: 2) changes to credit card number: 3) change in expiration date: 4) change in card security code: 5) change in billing address.

TENANT NAME: \_\_\_\_\_ SPACE NUMBER: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Duly Authorized Agent for Landlord \_\_\_\_\_