



## Credit Card Authorization

I hereby authorize KEEPERS SELF STORAGE to charge a **one time payment** in the amount of \$\_\_\_\_\_ to the credit card account referenced below.

Name: \_\_\_\_\_ Space # \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing address of card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Type (Circle one):    Visa                      MasterCard            Amex

Telephone # \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Must be card holder's signature)

**FORM MUST BE FILLED OUT COMPLETELY.**  
Mail to Keepers Self Storage 92 Route 59 Nyack, NY 10960  
-or- Fax to (845) 353-1878

Questions call: (845) 353-7575