

**Allied Storage**  
**P.O. Box 2551, Livingston, MT 59047**  
**Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing.

**Customer Information (to be completed by Allied Storage)**

Customer Storage Unit #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Payment Information (To be completed by Allied Storage)**

I authorize Allied Storage to automatically bill the card listed below as specified:

Amount: \$ \_\_\_\_\_  
Frequency: MONTHLY  
Start billing on: \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

End billing: WHEN CUSTOMER PROVIDES WRITTEN NOTICE

**Credit Card Information: (To be completed by customer)**

Allied Storage accepts VISA, MASTERCARD, and DISCOVER

Credit Card Type (circle one): VISA    MASTERCARD    DISCOVER

Credit Card Number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

Cardholder's Name (as it appears on card): \_\_\_\_\_

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

Customer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

(To send pmt notice. We won't 'sell' your address!)

RECEIVED BY ALLIED STORAGE:

Date: \_\_\_\_\_ Received by (name): \_\_\_\_\_