



**Credit Card Authorization Form
(Visa or MasterCard only)**

I hereby authorize Ace Storage to initiate a Charge to my credit card account indicated below my monthly rent payment for Self-storage unit(s). Charges will occur on or after the first business day of every month. This authority will remain in effect until such time as the customer vacates or requests its termination.

Name of Card Holder _____ Billing Zip Code _____

Credit Card Number _____ Exp. Date ____/____

Security Code (3 or 4 digit number on the back of the card) _____

Customer Signature _____

Please mail this completed form to:

Ace Storage
P.O. Box 392
Morris, IL 60450