**AUTOMATIC CREDIT CARD DEBITING AUTHORIZATION FORM**

To take advantage of the convenience of payment by credit card, please complete the following information and sign at the bottom.

**OASIS STORAGE, LLC**

**4825 STATE HWY 198**

**P.O. BOX 1075**

**MALAKOFF, TX 75148**

**903-866-6274**

This authorization form is for the following storage space(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize **OASIS STORAGE, LLC** to automatically debit the monthly rent for the space(s) shown above from my credit card as shown below. As of this date, the total amount to be charged monthly is $ + Tax. I understand that I will be notified in writing, as set forth in the Rental Agreement, of any changes to rental amount(s) due for my space(s), and that the amount debited monthly from my account will reflect this change. *If paying with a credit card, a surcharge of 3% will be added. Oasis Storage, LLC does not benefit financially from the fee, as it goes directly to cover our costs. You may pay with a debit card and not incur the surcharge.*

This authorization will remain in effect until **Oasis Storage, LLC** receives written notification of its termination. **Oasis Storage, LLC** reserves the right, with advance written notification, to terminate your participation in this payment option. If an automatic debit is refused for any reason, including over credit limit charges, closed account, unauthorized account, or incorrect expiration dates, we will not be able to process payment. In this event, late charges as set forth in the Rental Agreement will be charged.

I agree that it is my obligation to notify **OASIS STORAGE, LLC** in writing of any changes of billing address, phone number, credit card number and/or expiration date. I may cancel this agreement by giving written notice no later than ten (10) days prior to the cancellation date.

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Credit Card Type: ( ) Visa ( ) MasterCard

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Name exactly as it appears on credit card

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Billing address for card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Billing Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number Expiration Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Digit Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant's Signature Date

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Printed Name