

VCAP BYPASS PARTNERS, LLC dba STOWE Self Storage  
605 Hwy 29 Bypass North, Anderson, SC 29621  
(864) 224-7867 Anderson@STOWEselfstorage.com

## CREDIT CARD / DEBIT CARD AUTHORIZATION FORM

Cardholder's Name: \_\_\_\_\_ Storage Unit # \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize the above-named storage facility to debit my credit or debit card for all charges:

\_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ AMERICAN EXPRESS \_\_\_ DISCOVER \_\_\_ DEBIT

Account Number: \_\_\_\_\_ Security Code \_\_\_\_\_ Expires \_\_\_\_\_

Amount of Initial 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 same 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 the rate increase, Owner is authorized to charge the new monthly 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.

DATE \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_