

San Felipe Storage  
Po Box 1365  
Tres Pinos, CA 95075  
831-634-1993  
831-535-0118 fax

**Credit Card Authorization Form**

Dear Management:

I, \_\_\_\_\_, authorize San Felipe Storage, of Po Box 1365, Tres Pinos CA 95075 or any of its representatives to charge monthly the Credit Card listed below, and am the authorized signature of such card for the amount listed on the Rental Agreement.

**TENANT shall give MANAGEMENT thirty (30) days written notice to vacate in order to avoid responsibility for the payment of the next month's rent.**

Credit card: Visa, MasterCard, American Express, Diners Club

Credit card # \_\_\_\_\_

Exp. Dte \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature Authorizing card holder.

Tenant Name: <Tenant.Name>

\_\_\_\_\_  
-Tenant Signature)

\_\_\_\_\_  
Date