

# Pitt Stop Storage

State Hwy 64  
Canton, TX 75103  
903-567-4099

## Automatic Credit/Debit Card Authorization Form

I (we) hereby authorize Pitt Stop Storage hereafter (Company) to initiate a sales transaction to my Credit or Debit Card account indicated below, and initiate adjustments (if necessary) for any transactions made in error. This authority will remain in effect until Company is notified by me in writing to cancel it in such time as to afford Company and Financial institution a reasonable opportunity to act on it.

Storage Unit # \_\_\_\_\_

\_\_\_\_\_  
Credit/Debit Card number

\_\_\_\_ / \_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV #  
(On back of card)

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Cardholder Signature

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

Address on Credit Card Statement