

# Salem Self Storage The Vault

4 Jefferson Avenue

Salem, Massachusetts 01970-2910

Phone 978-745-1111

Fax 978-745-8100

## AUTOMATIC BILLING FORM

NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

BY SIGNING BELOW I AGREE TO TO HAVE MY

Mastercard    Visa    American Express (CIRCLE ONE)

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CHARGED AUTOMATICALLY WITHOUT MY SIGNATURE FOR THE EXPRESS USE OF PAYING MY

RENT ON UNIT # \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_ IN ACCORDANCE

WITH THE TERMS AND CONDITIONS STATED IN MY CONTRACT.

SIGNED \_\_\_\_\_ (CARDHOLDER)

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ (SALEM SELF STORAGE MANAGER)

DATE \_\_\_\_\_