

Our billing and payment system has changed. For automatic payments, please complete and return the form below.

You may mail, drop off, or return this form digitally.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ Date _____
Customer Signature

People's Storage LLC
PO Box 484
Boone, IA 50036

Drop Box Located on-site at 803 8th Street, Boone

PeoplesStorageBoone@gmail.com