

Outdoor Storage, LLC  
4 Carmichael Street  
Suite 111 PMB2050  
Essex Junction, VT 05452

***ALL TENANTS MUST COMPLETE THIS SECTION OF THE  
FORM AND RETURN IT WITH YOUR CONTRACT.***

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

Billing Address \_\_\_\_\_

Billing Phone Number \_\_\_\_\_

Type of Card:      Discover      Visa      MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to be charged if payment is not made or is late: \$ \_\_\_\_ (Monthly Rate)

Amount to be charged if your check is returned: \$ \_\_\_\_ Monthly Rate + \$45 (Returned  
Check Fee) = \$ \_\_\_\_ Total To Be Charged.

I, \_\_\_\_\_ (please print) hereby authorize  
Outdoor Storage, LLC to automatically charge my card for the fees described above and  
understand that if I do not make payment, it is seven (7) days late or my check is returned I  
will automatically be charged without notice.

\_\_\_\_\_  
Lessee Signature

\_\_\_\_\_  
Date

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***This section of the form is optional and is only for those that wish  
to have their credit cards charged automatically each month.***

***FOR AUTO-PAY CREDIT CARD USE ONLY:***

I, \_\_\_\_\_ (please print) hereby authorize Outdoor Storage, LLC  
to automatically charge my card for the monthly fee of \$ \_\_\_\_ for rental space for the term of  
the lease contract or until further written notification from the lessee.

\_\_\_\_\_  
Lessee Signature

\_\_\_\_\_  
Date