

Sauk Trail Storage

Credit Card Authorization Form

Visa/MasterCard

I / We authorize Sauk Trail Storage to charge my Visa/MasterCard account for automatic credit card payments on the date my rent is due.

Due date _____

Visa Card # _____ expiration _____

MasterCard # _____ expiration _____

Date _____

Name (please print) _____

Signature _____

Sauk Trail Storage
9190 W. Michigan Ave.
Saline, Michigan 48176