

Please fill out
completely

Credit Card Payment Authorization Form

Authorization Agreement

I hereby authorize ALS Properties Carefree Self-Storage Rogers LLC to charge the below-listed credit card account number to collect either a one-time payment, or a recurring/periodic payment based on the selection chosen below.

Further, I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one-time or recurring billing agreement with ALS Properties Carefree Self-Storage Rogers LLC.

This agreement will remain in effect until ALS Properties Carefree Self-Storage Rogers LLC receives a written notice of cancellation from me, or until I submit a new Credit Card Payment Authorization Form to ALS Properties Carefree Self-Storage Rogers LLC. I agree not to dispute ALS Properties Carefree Self-Storage Rogers LLC's recurring billing with my credit card issuer so long as the amount in question was for services rendered prior to my canceling my authorization in the manner required.

☐ One Time Use: I hereby authorize ALS Properties Carefree Self-Storage Rogers LLC to charge the indicated credit card the amount specified below. This is a one-time charge authorization. I understand that if I want ALS Properties Carefree Self-Storage Rogers LLC to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

☒ Recurring Billing: I hereby authorize ALS Properties Carefree Self-Storage Rogers LLC to charge the indicated credit card on a periodic basis for the amount due under my contract with ALS Properties Carefree Self-Storage Rogers LLC as indicated below. This Recurring Payment Authorization/Periodic Charge shall remain in force until cancelled by me in writing.

Billing Account Information

Name of Cardholder: Rachel McMoran Sea Devils Swim Club
Billing Address: PO Box 411
City, State, Zip Code: St. Michael, mn 55376
Telephone Number: 763 772 4735
Email Address: TREASURER.SEADEVILS@gmail.com
Credit Card Type: ☒ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Other
Card Number: [REDACTED] Expiration Date: [REDACTED]
Authorized Billing Amount: \$ 130.00 Security Code: [REDACTED]
Recurring Billing Frequency: ☐ Weekly ☒ Monthly ☐ Other
Recurring Billing Period: Start Date: Jan 4, 2017 End Date: To be Determined

Signature

Authorized Signature (Primary): [Signature]

Date: 1-4-17

Receipts
#25

Scanned & emailed
1-4-17