



www.leelockitinn.com
info@leelockitinn.com
 Route 125 • 44 Calef Highway
 Lee, NH 03824
 Phone 603-868-8080
 Fax 603-868-8098

Monthly Authorization

Credit Card Withdrawal

Master Card or Visa Only

American Express or Discover

Card # _____ - _____ - _____ - _____

Expiration Date: ____/____/____

Expiration Date: ____/____/____

Renters Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (____) _____

I choose to be a part of the **Never Be Late Program** and give Lee Lock It Inn Self Storage permission to charge my Credit Card on the _____ of the month, for Unit # _____, in the amount of \$_____.

Please write an "x" in the box to the *left* of your choice and **initial** the box to the *right* of your choice:

I did choose the additional insurance coverage.			I did not choose the additional insurance coverage.		
I would like the amount charged on my Credit Card along with my monthly rental payment.			I would not like the amount charged on my Credit Card along with my monthly rental payment.		
The rental payment will be charged on my Credit Card each month until we vacate the Unit. The insurance payment will also be charged on my Credit Card each month along with my rental payment, if the insurance coverage was chosen. Total amount of the monthly withdrawal is stated above which does include the insurance coverage.			The rental payment will be charged on my Credit Card each month until we vacate the Unit. The insurance payment will also be charged on my Credit Card each month along with my rental payment, if the insurance coverage was chosen. Total amount of the monthly withdrawal is stated above which does not include the insurance coverage.		

If I am going to vacate the Unit I agree to notify **Lee Lock It Inn Self Storage** two weeks (14 days) prior to vacating in advance of this debit so I will not get charged an additional month (please initial ____).

Signature of Tenant/Cardholder: _____ Date: _____