

# A Mobile Storage Co.

Single Payment Authorization Form

## Customer Information

Customer Name:.....

Address:.....

.....  
City State Zip

Email:.....

## Cardholder Information

Use card on file

New Card

Card type:  Visa  MasterCard  American Express  Discover

Name as it appears on card:.....

Account Number:.....Expiration Date:.....

Cardholder's Address:.....

.....  
City State Zip

Cardholders Signature:.....

## Checking Account Information

Bank Name:.....Branch:.....

Account Number:.....

(\*Note: Voided check must be attached to pay with bank account)

Customer Name:.....

Account Holders Signature:.....

## Authorization Agreement

I authorize A Mobile Storage Co. and the financial institution designated in this authorization to either withdraw from my checking account or charge my credit card, as indicated by my choice above, for a single payment of my A Mobile Storage Co. storage bill. I understand that both the financial institution and A Mobile Storage reserve the right to terminate this payment.

Customer Signature:..... Date:.....