STORAGE KING SALISBURY
148 Evans Rd
Salisbury, QLD 4107 Australia
Phone: (07) 3277 2488
Fax: (07) 3277 2750

TO: Storage King Salisbury Date:

STANDING AUTHORITY FOR RECURRENT PERIODIC PAYMENT BY CREDIT CARD

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

SUBURB: _____

POSTCODE: _____ STATE: _____

PHONE: _____

Please Circle VISA MASTERCARD

CARDHOLDER NUMBER EXPIRY DATE

_____/_____/_____/_____ _____/_____

STORAGE UNIT NUMBER: _____

AMOUNT PER DEBIT: _____

REGULAR DEBIT (please circle): MONTHLY

DATE OF FIRST DEBIT: _____

I wish to use my _____ (card type) to pay for the monthly storage of my goods in Unit Number _____ at Storage King Salisbury (Merchant).

I hereby authorise the Merchant to debit my Credit Card Account with the amount and at the intervals specified above. In the event of any change in the charges for this service the Merchant shall alter the amount from the appropriate date in accordance with such change following written advice from the Merchant.

This authority shall stand, in respect of the above specified Credit Card and in respect of any Credit Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation or I vacate the above specified storage unit whichever is the former.

CARD HOLDERS SIGNATURE: _____ DATE: _____