



1360 commonwealth ave.
allston, ma 02134
phone 617.739.4401
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brightonselfstorage.com

Authorization for Use of Credit Card

Tenant's Full Name _____

Unit Number(s) (if known) _____

Name and Billing Address as it Appears on Credit Card Statement

Name _____

Street _____

City _____ State _____ Zip _____

Credit Card Info

Credit Card Number _____ Exp. Date _____

Number on back of Card (3 digits) _____ Type Visa MasterCard Discover

I authorize Brighton Self Storage to charge the credit card listed above for monthly billings incurred for rental of self-storage space.

Signature _____ Date _____

Notes _____
