

Northern Land Mini-Storage
Sheila Cundiff
PO BOX 624
Onalaska, WI 54650
(608)783-6055

AUTHORIZATION FOR MONTHLY CHARGE TO CREDIT CARD

Name of card holder _____

Unit number _____

Date of initial authorization _____

Card Type _____ VISA _____ MASTERCARD _____ Discover

Card # _____

Expiration Date _____

Amount of initial charge _____

Amount of charge to be billed monthly _____

Authorization of card holder _____

SIGNATURE

Billing Address _____

Be sure to notify me when you plan to vacate the unit, and therefore
have your monthly charges stopped to your card.

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