

ASHLAND MINI STORAGE

11 NICKERSON ROAD

ASHLAND, MA 01721

OCCUPANT'S INFORMATION

OCCUPANT: _____

ADDRESS: _____

OCCUPANT PHONE NUMBER: _____

UNIT NUMBER: _____

CARD OWNER'S INFORMATION

(IF DIFFERENT FROM THE OCCUPANT)

NAME: _____

ADDRESS: _____

STATE AND ZIP: _____

PHONE NUMBER: _____

I, _____ give **ASHLAND MINI STORAGE, INC.**, permission to charge my
_____ (Type of Card); number _____ with an expiration date of
_____ (month/year); in the amount of \$ _____ (monthly rent) a month.

I understand I can cancel at any time, but I need to notify ASHLAND MINI STORAGE, INC., in writing at least two (2) weeks prior to cancellation.

Manager's Signature: _____

Occupant's Signature: _____

Card Owner's Signature: _____