

Assured Storage of Clarksville, LLC
111 Collier Rd
Clarksville, TN 37042

Date.: _____

Tenant Name: _____
Unit(s): _____

Payment Authorization

I acknowledge that no demand will be made upon me for payment, however, payment is still due in accordance with the conditions outlined in my occupancy agreement. There are several different methods in which I can make payment

for _____ at Assured Storage of Clarksville, LLC. These methods include but are not limited to:

- | | |
|--|---|
| 1. Cash, Check, Money Order or Credit / Debit Card in person at: | 111 Collier Rd |
| 2. Credit / Debit Card over the phone by calling: | (931) 431-4444 |
| 3. On-line at: | assuredstorage.net/assured-storage-of-clarksville-llc/ |
| 4. Check or Money Order via US Post by mailing payment to: | Assured Storage of Clarksville,
LLC
111 Collier Rd
Clarksville, TN 37042 |

I hereby authorize Operator to **automatically debit my credit card** account number for charges incurred in connection with the storage unit noted above. My card information is listed below:

Cards Accepted: Visa MasterCard AMEX Discover

Card #: _____

Exp. Date: _____

CVV2 Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

By my signature below, I understand and agree that if a payment is made on my account, that no part of the payment is refundable, transferable, or otherwise redeemable except as payment of current rent, subsequent rent, and/or any fees levied on the account for unit _____. I further represent, without limitation, to Assured Storage of Clarksville, LLC, that I have the authority to use the credit card presented to Assured Storage of Clarksville, LLC, and that I fully understand that the full account balance will be charged to the card unless I otherwise request differently.

I further agree not to dispute any charges to my credit card that may accrue as outlined in the occupancy agreement between _____ and Assured Storage of Clarksville, LLC, and I agree that if I make a payment over the phone with a credit card that I am extending to Assured Storage of Clarksville, LLC

the same rights and authority they would have if I presented my card to them in person. If Operator is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees.

I agree that I will be responsible for any fees resulting from any chargebacks, NSF Checks and or declined transactions. I agree that this authorization shall continue and can include any increases in Rent and other charges assessed to me.

In the event I terminate this authorization or the Rental Agreement owing any sum of money due to Operator, Operator may charge/debit my credit/debit card or checking account any sum due and owing upon termination.

I release and hold Operator harmless from any claims, demands, losses, expenses (including but not limited to attorneys' fees and court costs) and/or damages arising from Operator's use of my credit card and access to my checking account. I also agree to hold Operator harmless from liability as a result of its activities in connection with such transactions. I understand that Operator is not responsible for loss or damage that results from the transmission of the form from myself to Operator. I agree to submit this form at my own risk.

I understand and agree that if the charge on the card is declined, or check is returned NSF, said failure to pay shall constitute a default under my Rental Agreement and subject the contents of my storage space to possible late fees, foreclosure, and sale.

I authorize Operator to charge my credit card and/or checking account for payment of any costs to repair any damages caused by me or those on the facility property on my behalf (including but not limited to damages to the space and/or the facility).

I expressly acknowledge that this Agreement is solely for the purpose of inducing Operator to agree to my occupancy at the self-storage facility and that the Operator would not agree to make such accommodations without my execution of this Agreement.

I have the full right and authority to execute this Agreement to bind the Occupant, if the Occupant is a business.

If I dispute a charge that is allowed under this agreement, or any other agreement between me and the Operators, agents, and/or employees of Assured Storage of Clarksville, LLC, I will fully reimburse Assured Storage of Clarksville, LLC for any and all costs associated with the defense and recovery of the disputed amounts.

Tenant Signature

Date: _____