

BIANCHI ESTATES, LLC • DBA: Linden Mini Storage
CREDIT CARD AUTHORIZATION

Unit #: _____ Today's Date: _____

Credit Card Information

Cardholder Name (as shown on your card):

First Middle Last

Cardholder Billing Address (this must match the address on your statement):

Street/PO Box Apt # City State ZIP

Card Number CVC Code Exp Date (MM/YYYY)

Pro-Rated Rent for: _____ : \$ _____

Rent: : \$ _____

Administrative Fee (if applicable) : \$ _____

Deposit (if applicable) : \$ _____

Grand Total : \$ _____

Would you like us to email you a monthly invoice? _____

Would you like a receipt emailed for each transaction? _____

Email Address: _____

With my signature below, I authorize the management of Bianchi Estates, LLC (hereafter referred to as Company) to charge my debit or credit card specified above for charges incurred on the unit numbers listed above on the first (1st) day of each month. I understand that the amount of the payments may vary each month per the terms of the lease including rate increases or other fees. Should the monthly charge increase, Company is authorized to charge the new monthly rate. I understand that additional service charges may apply if payment is returned due to insufficient funds. I agree to notify Company of any change to the selected billing option to continue this service: 1) Credit Card Number change 2) Expiry Date 3) Billing Address 4) Cardholder change. **I understand that this payment authorization will continue until notice is given to Company.**

Cardholder Signature Date

**To cancel AutoPay at anytime, please send an email to:
Info@BianchiEstates.net or call us at: (916) 787-0605.**