



# ADVANCED MOBILE STORAGE TUCSON, INC

6206 S. Nogales Hwy  
Tucson, AZ 85706  
520-434-9494 P/ 520-434-4008 F

## Rental Payment Authorization Form

AMS rental customers are required to fill out and sign this authorization form.

The customer authorizes ADVANCED MOBILE STORAGE TUCSON, INC. to collect payment from the Customer according to the rental agreement via Credit Card or Automated Clearinghouse (ACH), or electronic check.

Charges will be billed monthly to the Customer's credit card or bank account. All invoice/sales receipts of charges to the Customer's credit card or bank account will be sent via email on the date or about the 1<sup>st</sup>, 15<sup>th</sup>, or 28<sup>th</sup> of each month. If the Customer has any questions regarding charges to its account, the Customer must notify AMS immediately.

The Customer must provide AMS with accurate and complete billing information below. Any changes to this information must be reported to AMS within three (3) days of the change. If the financial institution disapproves a charge, AMS will notify the Customer via email, and the Customer must cure the cause of the disapproval. If such disapproval is not remedied within ten (10) days of the date of the notice, AMS reserves the right to charge a late fee of \$5 per day, and the Customer could face repossession of the unit.

ADVANCED MOBILE STORAGE TUCSON, INC. is not responsible for any charges or expenses (e.g., for overdrawn accounts, exceeding credit card limits, etc.) resulting from charges billed by AMS.

This authorization will remain in full force and effect until AMS has received a written notification form from the Customer of its termination in sufficient time to allow AMS to make such changes prior to the next billing date. The Customer authorizes AMS for payment by ACH debit if a charge is disapproved or otherwise fails to be timely paid.

I \_\_\_\_\_, **X** \_\_\_\_\_  
(Print Name) (Signature)

Billing:  
Address \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Credit Card/Automated Clearinghouse (ACH) debit Authorization:

Visa       MasterCard       Amex       Discover

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV/Sec Code (3-digit number on back) \_\_\_\_\_

ACH Verification:       Checking       Savings

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Routing No \_\_\_\_\_

**-----Attach a copy of a Voided Check or Deposit Slip and a copy of your Photo ID-----**