



One Time Payment Credit Card Authorization

Date: _____

I hereby authorize **Washoe Valley Storage** or **Carson City Self Storage** to charge my Visa or MasterCard for a one time payment in the amount of \$ _____ .

Tenant Name: _____ Unit #: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Signature: _____

WASHOE VALLEY STORAGE

205 Highway 395 North, Carson City, NV 89704
phone: 775.849.3433 | fax: 775.849.3372

CARSON CITY SELF STORAGE

5861 South Carson Street, Carson City, NV 89705
phone: 775.883.9795 | fax: 775.883.6757