

Coastal Carolina Containers  
P.O. Box 281, Castle Hayne, NC 28429  
coastalcarolinacontainers@gmail.com  
910-620-1423

**AUTOMATIC PAYMENT AUTHORIZATION FORM**

Coastal Carolina Containers (henceforth known as the Company) offers automatic payment which will allow your monthly payment due on the 1<sup>st</sup> of every month, to be automatically charged to your credit card account.

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

Other NAMES on your account or credit card: \_\_\_\_\_

CURRENT STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Conex/Container/Outdoor Space(s) NUMBER to be automatically paid: \_\_\_\_\_

BILLING OPTION:  Charge My Credit Card

**CREDIT CARD INFORMATION:**

Credit Card Type: Visa  Master Card  Amex

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

3 or 4 Digit Security Code: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Credit Card Billing Address:

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Management of Coastal Carolina Containers to charge my checking account or credit card specified above for charges incurred on the unit numbers listed above on the 3<sup>rd</sup> day of each month. I also understand that the amount of the payment may vary each month. Any additional service charges may apply if payment is returned due to insufficient funds.

I understand that I may terminate this agreement by giving 15 day notice to the Company either in writing or by telephone.

\_\_\_\_\_  
TENANT SIGNATURE

\_\_\_\_\_  
DATE