

Online Account Management Form (Required)

Customer Name: _____
(As appears on lease)

Unit #(s): _____

To gain access to your account online we will need a valid email address that you would like to have your invoices sent to and to act as your username. Please fill out the form below:

Email Address (This will be your username)

Web Password (At least 7 digits (10 max) containing 2 numbers and 2 letters)

Signature

Date

1. Only the signer of the lease agreement is permitted to fill out this form.
2. As stated in your lease agreement, if you are one (1) day past due you will not have access to your space. You will be able to regain access to your space if make a payment online, if you make an online payment on or after fourteen (14) days past due, you will not have access to your unit until the office opens the following day.
3. All invoices are sent by email to the email address listed above. Amazing Spaces must be notified should you require invoicing by another method.

Yes, I would like to set up my payment to be automatically drafted from my credit/debit card each month.

Name on Credit Card: _____

Visa

Master Card

Account #: _____

Discover

American Express

Exp. Date _____ CVV/CVC Code _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Cardholder's Signature: _____

Dated: _____

By signing I hereby authorize *Amazing Spaces, Inc.* to charge the above reference account by automatic processing each month, and to apply said charge towards the payment of my monthly rent for the unit number(s) stated above. Said charge authorization is to be in an amount equal to my monthly rent and or any other charges in effect at the time.

I understand that it shall remain my obligation to notify *Amazing Spaces, Inc.* in writing 10 days in advance of my intent to terminate my tenancy, and to pay any amounts of rent that may accrue prior to my vacating the space(s) as stated in my lease.

I wish to discontinue monthly automatic payments from the credit/debit card listed above.

Discontinue Date _____ Cardholder's Signature _____

Date Received _____ Received By (employee's name) _____

