



Our Attic Simple Pay
Secure Credit Card or Bank Account Payments

Simply fill out the information below and on your contract date of the month our system will charge your credit card or your bank account. It's that simple! No more checks to write or bill statements to manage. Please fax completed form to our secure fax server at 469-546-3013 – or give it to your delivery driver.

Customer Information

Rental Agreement No. _____
Payment Date of Month: _____

Customer Name:

Address:

City: State: Zip:

Daytime Phone:

Evening Phone:

Email Address:

Credit Card Information

Name on Credit Card:

Credit Card No:

Expiration Date: C.V.V:

Billing Address:

City: State: Zip:

Checking Account Information

Bank Name/Branch:

Account Number:

Routing Number:

Name on Account:

I authorize Our Attic and the financial institution written above to either withdraw from my checking account or charge my credit card as outlined in the rental agreement referenced above as payment to Our Attic LLC for my monthly services. The payment will occur monthly on the date listed above. This payment plan will terminate upon termination of the rental agreement or upon the receipt of a new Simple Pay Agreement.

Signature: _____ Date: _____

Our Attic Storage Solutions * 1504 Fairway Drive * Lewisville * Texas * 75057 * 1.800.574.2757