



ADULT TOY STORAGE, INC.™

CREDIT CARD CHANGE

Date: _____

**To: Adult Toy Storage
601 Hillview Drive
Altamonte Springs, Florida 32714**

Customer Name: _____

Type of Credit Card: (Visa, MasterCard only) _____

Card #: _____

Expiration Date: _____ **V-code:** _____

The cardholder listed above agrees to a recurring charge of \$_____ per month (on or around the 1st of each month) for payment of their storage agreement. The cardholder agrees to advise Adult Toy Storage at least 30 days prior should the cardholder want to terminate this recurring monthly payment.

The cardholder also agrees to advise Adult Toy Storage of any change in credit card numbers or new expiration date as needed.

Signature: _____

Date: _____

**FAX 407.875.8262
EMAIL INFO@ADULTTOYSTORAGE.COM**