



PAYMENT METHOD CONFIRMATION

I will pay with a credit card on a monthly basis.

Invoices will be sent on or near the first of each month for the previous month's charges and payment will be withdrawn per the below agreement on the day the invoice is sent.

By providing credit or debit card information, you authorize X Gallery to charge the full amount of your monthly storage fee once every month. If your automatic recurring payment is declined, X Gallery will contact you to establish another payment method. You have the right to withdraw or amend consent to this automatic recurring payment at any time by notifying X Gallery. This authority will remain in effect until you give notification to X Gallery to terminate this authorization.

Please print this form, complete this authorization, and return to X Gallery. All information will remain confidential.

Name on Card _____

Billing Address _____

City/State/Zip _____

Phone _____

Credit Card Type

Visa

MasterCard

Discover

AmEx

Credit Card Number _____

Exp. Date ____/____/____ Card Identification Number _____

(last 3 digits located on the back of the credit card)

Cardholder Signature _____ Date _____

Print Name _____

I will pay by check on a monthly basis.

Invoices will be sent on or near the first of each month for the previous month's charges and the payment is due within 30 days.