



Storage Payment Authorization Form

Please fill out this form and email to mvollman@hgrinc.com or fax (216) 486-4779.

Company Name: _____ Contact: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Fax: _____

Credit Card Information *₁

Cardholder Name: _____
Credit Card Number: _____ (Visa/MasterCard/Discover Only)
Expiration Date: ____ / ____ Security Code: _____ (3 digits on back of the card)

E-Check Information

Checking Account #: _____ Routing #: _____
Name on Account: _____
Address on Account: _____
City: _____ State: _____ Zip: _____

Payment Instructions

- Option 1:** Please charge my credit card above for any and all future storage invoices that are or may become due and payable in connection with any rental, service, sale or any other credit arrangements existing now or in the future between myself and HGR Industrial Surplus.
- Option 2:** Please charge my checking account above for any and all future storage invoices that are or may become due and payable in connection with any rental, service, sale or any other credit arrangements existing now or in the future between myself and HGR Industrial Surplus.

Authorized Signature: _____ Date: _____

Storage Rental Agreement are available at <https://hgrinc.com/shipping/>

General Terms & Conditions are available at <https://hgrinc.com/terms-conditions/>

*₁ HGR Industrial Surplus imposes a 2% surcharge for Visa, MasterCard, and Discover, which is not greater than our cost of acceptance. All payments must be made in US Dollars.