Les Entrepôts Carex Inc.

LEASE MODIFICATION AUTHORIZATION

receptionlaval@entrepotcarex.ca

Unit # :_____

Hereafter known as:

The Lessee: _____

Residence: _____

_____

Telephone # : _____Res._____Cel.

Email address: _____

Requesting a modification for:

Change of Name: _____

Change of Address: _____

_____

Change of Phone # : _____Res._____Cel.

Email address: _____

Requesting a modification for:

THE LESSEE AUTHORIZES THE OWNER TO CHARGE THE PAYMENT ON THIS REPLACEMENT CARD

VISA ☐ MASTERCARD ☐

Card Number : _____ Exp. _____/_____
Month / Year

Security code _____ (3 digit code on back of card)

New card belonging to:_____

PLEASE PROVIDE A LEGIBLE PHOTOCOPY OF THE FRONT/BACK OF THE NEW CREDIT CARD

Driver's Permit: _____

Other info or comments: _____

_____

_____	_____	_____
Date	Lessee	Leasing agent