



Rhonda Skipper

Walton County Tax Collector

Credit Card Transaction Agreement

Customer Name on documents being submitted: _____

Email Address: _____

Billing Address of card: _____

City: _____

State: _____

Zip: _____

Card Type: _____ (Master Card, Discover Card, American Express & Visa)

Card Holder Name: _____
(As it appears on card)

Card Number: _____

3 or 4 digit code (on back of card): _____ Exp. Date: Month _____ / Year _____

Home#: _____

Cell#: _____

Work#: _____

I **understand** that a convenience fee of **2.5% or a minimum charge of \$2.00** (whichever is greater) will be charged for the administration of the electronic process on the transaction total for using my Master Card, Discover Card, American Express or Visa card. By submitting this information I **accept** this charge and **warrant** that all of the information provided herein is accurate and true.

X		X	
<i>(Print Name of card holder)</i>		<i>(Signature of card holder)</i>	
<i>IF renewing or transferring a Florida License Plate, please indicate tag number</i>			
<i>IF paying Property Taxes or Tangible Personal Property taxes, please indicate account number</i>			
<i>IF authorizing another type transaction, indicate type/details</i>			
<i>Estimated transaction amount</i>		\$	
<i>Above Estimated Amount good through</i>		/ / only.	
<i>Clerk's Phone #</i>	<i>(850)</i>	<i>Clerk's Initials</i>	<i>Office Location</i>

PO Box 510, DeFuniak Springs, FL 32433

Phone: 850.892.8121

DeFuniak Springs Fax: 850.892.8079, South Annex Fax: 850.267.4599

www.waltoncountytaxcollector.blogspot.com/

www.waltontaxcollector.com

