

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 \$1.95** (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</i> of card holder)	<i>(Signature</i> of card holder)
IF renewing or transferring a Florida License Plate, please indicate tag number	
IF paying Property Taxes or Tangible Personal Property taxes, please indicate account number	
IF authorizing another type transaction, indicate type/details	
Estimated transaction amount	\$ _____
Above Estimated Amount good through	_____/_____/_____ only.
	Clerk's Initials
	Office Location