

Credit Card Transaction Agreement - Walton County Tax Collector

Instructions:

Please complete all required fields. Fields marked with * are required. Use the TAB key to move between fields when completing this form electronically. For assistance, contact Customer Care: (850) 892-8121

Customer Information

Customer Name on Documents*: _____

Cardholder Name*: _____

Billing Address for card

Street Address*: _____

City*: _____ State*: _____ ZIP Code*: _____

Card Information

Visa MasterCard American Express Discover

Card Number*: _____

CVV*: _____ Expiration Date (MM/YY)*: _____

Fees and Authorization

A convenience fee of 2.95% or \$2.95 minimum applies.

Signature

By signing, I authorize the transaction and confirm the information provided is true and correct.

Cardholder Signature*: _____ Date*: _____

Contact Information

Email Address*: _____

Phone Number*: _____

(We are unable to provide an exact amount until we receive and begin processing your request. Our office will contact you with the total prior to your credit/debit card being charged. We thank you and appreciate your patience and understanding.)

Office Use Only

Clerk Initials: _____

Office Location: NW Freeport SW