

Seminole County Tax Collector
Commercial Accounts
CREDIT/DEBIT CARD TRANSMITTAL

DATE _____/_____/_____

PAYMENT TYPE CREDIT DEBIT

CARD TYPE VISA DISCOVER
 MASTERCARD AMERICAN EXPRESS

CARD #

EXPIRATION DATE _____/_____
SECURITY CODE (3 DIGIT #)
(Back of Card) (Only American Express has a 4 digit code)

DEALERSHIP _____

AUTHORIZED CARDHOLDER _____

BILLING ADDRESS _____
(As shown on Card Statement)

DEALERSHIP PHONE # (_____) _____

SIGNATURE _____

* Completed transmittal form required to be submitted with each folder of dropped work.
** A 2.15 % third party convenience fee will apply to all credit card transactions.
*** A \$1.50 third party convenience fee will apply to all debit card transactions – ***if for any reason the card will not process as a debit payment, it will automatically be processed as a credit payment.***

For Office Use Only

TRANSACTION AMOUNT: \$ _____ AUTHORIZATION RESPONSE #: _____

CONVENIENCE FEE: \$ _____ PAYMENT ID #: _____
(2.35% or \$2.00)

TOTAL CHARGE: \$ _____ BATCH RECEIPT #: _____

CSR INITIALS: