

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 2.35 % third party convenience fee will apply to all credit/debit card transactions.

For Office Use Only

TRANSACTION AMOUNT: \$ _____

AUTHORIZATION RESPONSE #: _____

CONVENIENCE FEE: _____
(2.35%) \$ _____

PAYMENT ID #: _____

TOTAL CHARGE: \$ _____

CSR INITIALS:

BATCH RECEIPT #: _____