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 #: _____

CSR INITIALS:

TOTAL CHARGE: $ _____ BATCH RECEIPT #: _____

_____ ☐ _____

Revised December 22, 2020