

Larsen Slaten, PLLC- CREDIT CARD AUTHORIZATION FORM

Complete this form and mail to: Larsen Slaten PLLC 4700 Millenia Blvd., Suite 500 Orlando, FL 32839, Attn: Collections Dept. or Fax to: (407) 386-7907 or Email to: ccpayments@larsenslaten.com

GENERAL INFORMATION

Association: _____
Owner Name: _____
Property Address: _____
Matter ID: _____

NOTE: WE CANNOT TAKE CREDIT CARD INFORMATION OVER THE TELEPHONE

By signing this form, you give permission to charge your credit card for the amount below. This is permission for a single transaction only **Please be advised there is a \$7.95 convenience fee that will be added to the payment.**

I, _____, hereby authorize the Law Firm of Larsen Slaten, PLLC to charge my [] Visa, [] MasterCard or [] Discover (choose one) for payment of homeowner/condominium assessments and charges due to (name of Association): _____

I authorize payments to be processed as follows:

Amount: \$ _____

Credit Card Number: _____

Expiration Date: (Month) _____ (Year) _____

Three Digit Security Code: _____

Name as it Appears on Card (Print): _____

Cardholder's Billing Address: _____

Phone Number: _____

Email Address: _____

The undersigned ("cardholder") hereby declares that the credit card information listed above is true, accurate and appears in the name as stated. Further, cardholder authorizes its credit card company to accept this charge and agrees that this transaction is final and no refunds or charge backs will be granted. Credit card transactions that are declined are subject to a \$50.00 declined fee.

Cardholder's Signature: _____

Date: _____