

**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

<b><u>GENERAL INFORMATION</u></b>
Association: _____
Owner Name: _____
Property Address: _____
Matter ID: _____

**NOTE: WE CANNOT TAKE CREDIT CARD INFO 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**, and does not provide authorization for any additional unrelated debits or credits to your account.

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) \_\_\_\_\_

VID Code (3 digit # on back of card): \_\_\_\_\_

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:** \_\_\_\_\_