



THE CITY OF FRUITLAND PARK
506 W Berckman St.
Fruitland Park, FL 34731
Phone (352) 360-6727 Fax (352) 360-6686



CREDIT/DEBIT CARD AUTHORIZATION

So that The City of Fruitland Park may properly process your credit or debit card payment, please complete form fax to: 352-360-668 6

Lien Search: \$ 30.00 (3-5 days). RUSH request - \$ 50.00 (1-2 days) **

A/K #: _____

SERVICE ADDRESS: _____

APT#: _____

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CHARGE AMOUNT: \$ _____

SECURITY CODE: _____

(CVV #)

CARD BILLING ADDRESS: _____

(STREET or PO BOX)

(CITY, ST, ZIP)

AUTHORIZED REPRESENTATIVE NAME: _____

PHONE NUMBER: _____

EXT: _____

EMAIL ADDRESS: _____

I, _____, am an authorized user or signor on the aforementioned card. By my signature below I give full authority to the City of Fruitland Park to charge the credit/debit card provided for costs associated with the indicated LIEN SEARCH REQUEST. I understand this is for a single lien search. Any additional lien searches for this location or any other address in the City must be submitted separately and each must be accompanied by a completed payment request form. I further, understand there is a non-refundable 3.5% fee per transaction to provide this service. This service fee is charged by MyFloridaCounty.com at the time of the transaction.

 Date: _____

(Signature of authorized user)

(Your Credit Card or Bank Statement will display the vendor name of MyFloridaCounty.com for billing details. For information on refunds or general inquiries, please call customer support at (877)326-8689.)

CITY USE ONLY	
EMAIL/FX CONFIRM: _____	DATE: _____
RECEIPT NUMBER: _____	
<small>** SUBJECT TO CHANGE IN ACCORDANCE with CITY FEE SCHEDULE 50.30** CITY ORDINANCE # 2014-008</small>	

RECEIPT VALIDATION
