



TDSunshine
Property Management

PO BOX 122015
Fort Lauderdale FL. 33312
Office: 954-585-2008 Fax: 954-368-4252
info@tdsunshine.com

One Time Credit Card Payment Authorization Form

Property information that estoppel or questionnaire is being requested for

Address: _____

Association Name: _____

Sign and complete this form to authorize TDSunshine Property Management to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. Please complete the information below:

I _____ authorize TDSunshine Property Management to charge my credit card
(Full name)

account indicated below for _____ on or after _____. This payment is for
(Amount) (Date)

_____. I understand this is a NON-REFUNDABLE fee.
(Description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email# _____
FAX# _____

| | | | | |
|---|------|-------------|-------|----------|
| Account Type: (circle one) | Visa | Master Card | AMEX | Discover |
| Cardholder Name: | | | | |
| Account Number | | | | |
| Expiration Date | | | | |
| CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) | | | | |
| SIGNATURE: | | | DATE: | |

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I further understand that this is a Non-Refundable fee.