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From:	Address:
Pages:	City/State:
Citation	Phone #
CASE #:	E-MAIL

Our office accepts the following:
Credit cards - Visa/Mastercard/Discover/American Express
Debit cards with Visa or Mastercard logo only

ATTENTION: Please make sure your Credit Card information is correct including the billing zip code. Incorrect information could cause a hold to be placed on your Debit Card Account.

FILL OUT COMPLETELY

THERE IS A NON-REFUNDABLE CHARGE OF 3.5% PER TRANSACTION FOR CREDIT CARD PAYMENTS.

ORB# PAGE #

Deed Book# PAGE #

Mastercard Visa Discover American Express (please check one)

- - -

Credit Card Number

Expiration Date: /

3 or 4 digit Security Code

-

Billing Zip Code

Signature of Cardholder

Print name as it appears on card

Daytime Phone: (_____) _____

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