

3363 W. Commercial Blvd
Suite 105
Ft. Lauderdale, FL 33309

**Sharma &
Associates, Inc.**

CoverSheet

To: _____ **From:** _____

Fax/Email: vlewis@sharmaassociates.net; **Fax/Email:**
hmerone@sharmaassociates.net

Phone: 954-284-3080 **Phone:** _____

Re: Authorization to charge credit/debit card **CC:** Estoppel or COA/HOA
Questionnaire

Urgent **For Review** **Please Comment** **Please Reply** **Recycle**

This represents authorization to charge my credit/debit card account in the amount of \$_____.00 + \$10.00 (service fee) for the purpose of providing an estoppel letter or completion of a COA/HOA questionnaire for the property located at:

For confirmation purposes only:

Credit Card #: _____.

Please Circle One (**AMEX not accepted**): MC VISA DISCOVER

Security digits on card are: _____.

Expiration date: _____.

****Name as it appears on credit card and billing address (please print):**

_____ **ZIP** _____

Cardholder/Authorized Representative Signature _____
Date _____

Estoppel Letter/COA/HOA Questionnaire Services Will Not Be Provided Until This Authorization Is Received by Our Office. We Cannot Process Credit Card Payments Without the Correct Mailing Address. All Information Must Be Legible. Credit Card Service Fees Are Non-Refundable.