

## Estoppel Letter Request Form

**ROYALE MANAGEMENT SERVICES, INC.**  
2319 N Andrews Avenue, Fort Lauderdale FL 33311  
Phone 954-563-1269 Fax 954-563-2153

(Account Status

Verification)

**The fee for preparation of and Estoppel Letter is \$50.00 and payment must accompany your request before we can process it.** Please make your check payable to Royale Management Services, Inc., and allow 5 business days for the time of your request for processing. Payment may also be made by Visa or Master Card. To make your payment by credit card simply complete the credit card payment authorization portion of this form and fax it 954-563-2153. If you have questions about the receipt or the processing of your application you may email us at [CAM@rmsaccounting.com](mailto:CAM@rmsaccounting.com). Please be sure to include your Estoppel Letter with this request.

Date of Request: \_\_\_\_\_

Name of Association: \_\_\_\_\_

Name of Seller(s): \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Requester: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Please Fax Estoppel Letter Attention \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_ Please mail Estoppel Letter to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### ----- PAYMENT METHOD

\_\_\_\_\_ Please find our check for 50.00 payable to Royale Management Services Inc. attached.

\_\_\_\_\_ Please apply the \$50.00 charge to the following Visa or Mastercard.

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Card Holders Name \_\_\_\_\_

Billing Address Street \_\_\_\_\_

Billing Address City, State, Zip \_\_\_\_\_

Card Holders Signature X \_\_\_\_\_

*Caution requests cannot be processed without payment, be sure to include your check or credit card information.*