

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

**FLORIDA DEPARTMENT OF HEALTH IN INDIAN RIVER COUNTY  
INDIAN RIVER COUNTY HEALTH DEPARTMENT  
CREDIT CARD AUTHORIZATION FORM  
PLEASE PRINT CLEARLY AND ENTER ALL  
APPLICABLE INFORMATION**

REQUESTING COMPANY NAME: \_\_\_\_\_

CARD HOLDER NAME (PRINT): \_\_\_\_\_

CARD HOLDER BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CARD TYPE (PLEASE CHECK):  VISA     MASTER CARD

CREDIT CARD NUMBER: \_\_\_\_\_ EXP DATE (MM/YY): \_\_\_\_\_

I AUTHORIZE THE INDIAN RIVER COUNTY HEALTH DEPARTMENT TO CHARGE MY CREDIT CARD ACCOUNT FOR THE FOLLOWING AMOUNT \$: \_\_\_\_\_

CARD HOLDER SIGNATURE (REQUIRED) \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ AND

PERMIT NUMBER (IF KNOWN): \_\_\_\_\_

SERVICE TYPE (PLEASE CHECK ONE): OSTDS     NEW     REPAIR     REINSPECTION  
WELL     DOMESTIC     IRRIGATION     MONITORING     OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

THE CREDIT CARD WILL BE CHARGED UPON RECEIPT OF THIS AUTHORIZATION UNLESS OTHERWISE NOTED IN THE COMMENTS SECTION. THE INDIAN RIVER COUNTY HEALTH DEPARTMENT HEREBY ACKNOWLEDGES THAT THE SIGNATURE ABOVE DENOTES AUTHORIZATION TO CHARGE THE REFERENCED ACCOUNT FOR PAYMENT FOR THIS SPECIFIC CHARGE. CHARGES TO THE ABOVE ACCOUNT WILL BE FOR THE AGREED UPON TOTAL. THE INDIAN RIVER COUNTY HEALTH DEPARTMENT ALSO ACKNOWLEDGES THAT ADDITIONAL CHARGES WILL NOT BE MADE UNLESS ADDITIONAL WRITTEN AUTHORIZATION IS RECEIVED AND SPECIFIED ON THIS OR A SUBSEQUENT CREDIT CARD AUTHORIZATION FORM.

IF YOU HAVE ANY QUESTIONS REGARDING THESE CHARGES, PLEASE CONTACT THIS OFFICE.

**PLEASE BE SURE TO SIGN THIS FORM AND FAX THE COMPLETED FORM TO: (772) 794-7447.  
FAILURE TO COMPLETE ALL APPLICABLE INFORMATION MAY DELAY THE PERMITTING PROCESS.**

