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



Joseph A. Ladapo, MD, PhD

State Surgeon General

Vision: To be the Healthiest State in the Nation

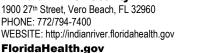
## FLORIDA DEPARTMENT OF HEALTH IN INDIAN RIVER COUNTY CREDIT CARD AUTHORIZATION FORM

## Please print clearly or type into fillable pdf entering all information below: Business Name: Name on Card: Card Number: \_\_\_\_\_ Expiration Date (mm/yy): CCV Number (3-digit security number on back of card in signature panel): Billing Address: Authorized Users: Contact Information: Phone: \_\_\_\_\_ Fax: \_\_\_\_ Email: \_\_\_\_\_ **Initial One Charge Type Below:** I authorize the Florida Department of Health in Indian River County to charge the above credit card in the amount of \$\_\_\_\_\_. I have included a completed application with all the necessary documents required. For permit renewals or other fees, I have included the application, invoice, permit number and/or address needed to process payment. (One time use) OR I authorize the Florida Department of Health in Indian River County to charge the above credit card. This authorization will remain effective until I notify you in writing to discontinue use of this card. I understand that to process a payment a written request referencing the permit number and address must be received via fax or email stating, "Use card on file". I also understand that all permit applications must be complete to process a payment. (Card on file) Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Permitting Information:

Florida Department of Health in Indian River County

PHONE: 772/794-7400

WEBSITE: http://indianriver.floridahealth.gov





Fax to: (772) 794-7447 or Scan and Email to: zzzzFB CHD31EH@flhealth.gov Phone: 772-794-7440

