



Florida Department of Health in Brevard County
2565 Judge Fran Jamieson Way
Viera, FL 32940

CLIENT CREDIT CARD AUTHORIZATION

Client Name: _____

Business Name: _____

Cardholder Name: _____

Billing Address:

_____ Billing Zip Code: _____

Card Number: _____

Expiration Date: _____

CVV# (3 digit security # on back of card in signature panel): _____

Amount to be charged: _____

Authorized Users: _____

I authorize The Florida Dept. of Health in Brevard County to charge the above Credit Card at the request of the cardholder or any of the authorized users listed above.

Cardholder Signature (Photo ID Required) Date