

Mission:

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



Ron DeSantis
Governor

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: _____

City: _____ State: _____ Zip Code (Must be provided): _____

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: _____

Comments: _____

Permitting Information: _____

**Fax to: (772) 794-7447 or Scan and Email to: zzzzFB_CHD31EH@flhealth.gov
Phone: 772-794-7440**

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