



CREDIT CARD VERIFICATION / AUTHORIZATION

Requesting Company: _____ Request Date: _____

MC, VISA, AMEX, DISCOVER #: _____
(circle type of card)

Expiration Date: _____

3 digit V-code #: _____ (found on back of card)

Printed Name, (as shown on card): _____

Phone Number(s): _____

CARDHOLDER'S billing address: _____
(zip code required)

Card Holder's Signature: _____
(Required)

Total Charge: _____

Permit Number: _____

Permit Address: _____

Service Type Requested (i.e.: septic repair permit, re-inspection fee, operating permit, etc. _____

Applicant(s) name on permit: _____

Comments: _____

The credit card will be charged upon receipt unless otherwise noted in the comments section. The Florida Department of Health in Lake County hereby acknowledges that the signature above denotes authorization to charge the referenced account for payment for this (these) specific service(s). Charges to the above account will not exceed the agreed upon total. The Florida Department of Health in Lake County also acknowledges that additional charges will not be made unless additional authorization is received and specified on this or a subsequent Credit Card Verification/Authorization form. Fees will not be recorded on an account basis; therefore, payments are due upon receipt of an application package, or of any type of service work request.

If you have any questions regarding these charges, please feel free to contact our office at 352-253-6130.

PLEASE FAX TO 352-253-6133