



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

None of the data entered on this form will be saved to the Broward County Health Department Web Site or Database

**PLEASE PRINT CLEARLY OR USE YOUR COMPUTER
TO ENTER ALL APPLICABLE INFORMATION**

TO: BROWARD COUNTY HEALTH DEPARTMENT

CREDIT CARD AUTHORIZATION

We have taken an extra step to protect our clients from credit card fraud by requiring you to fill out this authorization form and then FAX it along with a copy of your current ID, (954) 467-4434. This will ensure us that you are the person using the credit card for our services. It is very important for us to have you complete and sign the form and FAX it back to us as soon as possible so we can process your payment. We thank you for your cooperation.

From (Current Business Name):

Name:

Address:

City:

State:

Zip Code:

Card Holder:

Credit Card #:

Check Type: Visa Master Card American Express Discover

Expiration Date: (mm/yyyy) **Three Digit Security Code:**

Credit Card Billing Address: _____

City:

State:

Zip Code:

Phone #:

I authorize Broward County Health Department to charge my credit card account for the following

Amount \$:

Type of Service:

If this is a renewal of a BCHD License or Permit, enter your Permit number: 06

Signature: _____ **Date:** _____

Be sure to sign this form and then FAX the completed form to: (954) 467- 4434



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Please make any updates or corrections to the renewal of your BCHD License or Permit

Facility Name:

License/Permit #: 06

Address:

City:

State:

Zip:

Business Phone #:

FAX:

Owner Name:

Address:

City:

State:

Zip:

Phone #:

Email Address:

Be sure to sign this form and then FAX the completed form to: (954) 467-4434