

**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

**CREDIT CARD/CHECK CARD VERIFICATION AUTHORIZATION FORM**

Requesting Company: \_\_\_\_\_ Request Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ SEC Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ (Required)

Total Charged: \_\_\_\_\_

Permit Number(s): \_\_\_\_\_ (If known) or

Permit Address(s): \_\_\_\_\_

Service Requested (i.e.; repair permit, re-inspection fee, swimming pool permit, well permit, etc.)

Applicant(s) Name on Permit: \_\_\_\_\_

CARDHOLDER BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

Email: \_\_\_\_\_

The credit card will be charged upon receipt unless otherwise noted in the comments section. The Orange County Health Department hereby acknowledges that the signature above denotes authorization to charge the referenced account for payment for this (these) specific services(s). Charges to the above account will not exceed the agreed upon total. The Orange County Health Department also acknowledges that additional charges will not be made unless additional written authorization is received and specified on this or a subsequent Credit Card Verification/Authorization Form.

If you have any questions regarding these charges, please feel free to contact our office.  
Revised 07/02/2019