

**Mission:**

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



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

Facility: (Name) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO FLORIDA DEPARTMENT OF HEALTH IN BROWARD COUNTY  
CREDIT CARD AUTHORIZATION**

We have taken an extra step to protect our clients from credit card fraud. An authorization form, filled out and faxed to us along with a copy of your current ID will ensure us that the person using your card is you. This is to confirm that you are using our services with your credit card. It is very important for us to have you complete this form and fax it back to us as soon as possible, so we can process your payment. Thank you for your cooperation.

Cardholder: \_\_\_\_\_ Card #: \_\_\_\_\_

Circle Type: **VISA**      **MASTERCARD**      **AMERICAN EXPRESS**      **DISCOVER**

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**I AUTHORIZE FLORIDA DEPARTMENT OF HEALTH IN BROWARD COUNTY TO CHARGE MY ACCOUNT FOR THE FOLLOWING:**

Amount: \$ \_\_\_\_\_ and Service \_\_\_\_\_

If this is a renewal of FDHBC License or Permit, Please print your Permit # \_\_\_\_ 06 \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX THIS FORM TO: (954) 467-4434**

Please make any updates to the renewal of your Florida Department of Health In Broward License or Permit.

Facility Name: \_\_\_\_\_ License/Permit# \_\_\_\_\_

Location Address: \_\_\_\_\_ Location City, State, Zip \_\_\_\_\_

Location Phone: \_\_\_\_\_ Location Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Owner/Manager/Contact \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**