

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



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

Credit Card Authorization Form

Date: _____

TO: Environmental Health Volusia County Health Department

FROM: _____
(Facility Name)

(Facility Street Address)

(City, State, Zip Code)

(Facility Phone Number) _____
(Facility Fax Number) _____
(Email address)

Credit Card Number: _____

Expiration Date: _____ Total Charge Approved: \$ _____

Type of Card: Visa MasterCard American Express Discover (circle one)

I, the undersigned, provide this written notice as authorization to use the above listed credit card number for any fees associated with the inspection or permitting of any facility by the Volusia County Health Dept, Environmental Health Unit.

(Print Name of Credit Card Holder)

(Signature of Credit Card Holder)

Please fax this completed form to 386-274-0698

Once this credit card has been charged and payment has been credited to the correct facility, this office will fax or email a receipt for the amount charged to the credit card. Please ensure that your FAX number is listed in the above form.

For any questions regarding this form, please contact this office at 386-274-0694
Monday- Friday, 8AM to 5PM.

Please "X" one of the below choices:

Please shred credit card information after use as this is a onetime approval. _____

Please keep credit card information on file for future invoice payments. _____