

**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, MPH**  
State Surgeon General

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

**Credit card/check card verification authorization form**

Requesting Company  
to process card  
payment: \_\_\_\_\_

Request Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit code REQUIRED \_\_\_\_\_

Printed Name ON CARD: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

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

Permit Address(S): \_\_\_\_\_

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

Applicant(s) name on permit: \_\_\_\_\_

**REQUIRED  
CARDHOLDER BILLING  
ADDRESS (no p.o. boxes)**

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

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

The credit card will be charged upon receipt unless otherwise noted in the comments section. The Osceola County Health Department 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 Osceola 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.