Environmental Health
Lee County

FLORIDA DEPARTMENT OF HEALTH

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 to (239) 690-2101. 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.

Card Holder Name: _____

Card Type: Visa ☐ Master Card ☐ Discover ☐

Credit Card Number: _____

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

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

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

Amount $: _____ Type of Service: _____

Permit Number: _____ (Required)

*Signature: _____ *Date: _____

If this is for the renewal of a Lee County Health Department License or Permit, please supply the following:

Facility Name: _____ License/Permit #: _____

Location Address: _____

Location City, State Zip: _____

Location Phone: _____

Business Name: _____

Business Mailing Address: _____

Business Mailing City, State Zip: _____

Owner/Manager/Contact: _____

e-Mail: _____ FAX #: _____

*Be sure to sign this form and then FAX the completed form to (239) 690-2101

2295 Victoria Avenue, #206
Fort Myers, FL 33901
Phone: 239-690-2100 Fax: 239-690-2101