



Rick Scot
Governor

H. Frank Farmer Jr., MD, PhD
State Surgeon General

None of the data entered on this form will be saved to the Charlotte County Health Department Web Site or Database

PLEASE PRINT CLEARLY OR USE YOUR COMPUTER TO ENTER ALL APPLICABLE INFORMATION

TO: Charlotte County Health Department

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 FAXING it along with a copy of your current state issued drivers license or ID (must be readable) to **941-624-7296**. 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, sign the form and FAX it back to us along with the appropriate application as soon as possible so we can process your request. We thank you for your cooperation.

Type of Certificate: BIRTH DEATH

Name: FIRST MI LAST

Address:

City: State Zip Code:

Card Holder: Credit Card #
Enter name as it appears on card

Check Type: Visa Master Card

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

Credit Card Billing Address:

City: State Zip Code:

Phone #: email address

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

Amount \$:

Signature: Date:

Be sure to sign this form and then FAX the completed form, application and current state issued driver's license or ID to (941) 624-7296