PERMITTING, LICENSING, AND CONSUMER PROTECTION DIVISION
1 N. University Dr • Plantation, Florida 33324 • 954-765-4400 • FAX 954-765-5309

Credit Card Authorization

_____.
Business Account #

_____.
Business Name

Credit Card Payment	
☐ **I authorize Broward County to charge $ _____ on my credit card account.**	
Name of credit card holder	☐ **Visa** ☐ **Master Card** ☐ **Discover Card**
Mailing Address (Street, City, State & Zip)	Credit Card Account # Exp Date _____/_____ MM YY
Telephone #	**X** _____ **Card Holder Signature** **Date** .

Return this Authorization to: Permitting, Licensing and Consumer Protection Division
1 N. University Dr, Box #302
Plantation, FL 33324

OFFICE USE ONLY

Date Received: _____Receipt #: _____ Processor: _____.