



Credit Card Authorization Form
(Contractors Only)

Date: _____

TO: Environmental Health/Volusia County Health Department

FROM: _____

(Company Name)

(Contractor License Number)

(Company Street Address)

(City, State, Zip Code)

(Company Phone Number)

/ _____
(Company Fax Number)

Credit Card Number: _____

Expiration Date: _____

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 exclusively for any fees associated with the permitting of: Septic Systems, Well Construction, Repairs, Abandonments, Irrigation System installation, modifications, and repairs, Re-inspections or Variances.

(Print Name of Contractor)

(Signature of Contractor)

Volusia County Health Department

Please bring the credit card you plan to use with you to the office along with a photo ID.

If you have any questions, please call one of our offices:

Deland

Ph:386-822-6250

Fx:386-822-6251

Daytona

Ph:386-274-0694

Fx:386-274-0698

New Smyrna

Ph:386-424-2061

Fx:386-424-2019