



Environmental Protection and Growth Management Department

**ANIMAL CARE AND ADOPTION DIVISION**

2400 SW 42<sup>nd</sup> St • Fort Lauderdale, Florida 33312 • 954-359-1313 • broward.org/animal

**Credit Card Authorization**

**\*Prepare a new form for each individual invoice to be paid.\***

<b>Clinic Information</b>				
Vet ID		Clinic Name		
Business Address		City	State	Zip
Business Phone	Business Fax	Business Email		
<b>Card Information</b>				
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover				
Cardholder Name				
Card #	Expiration Date		Card Verification Code (CVC)	
Billing Address <i>(PO Box not accepted)</i>	City	State	Zip	
Phone	Fax			

**Regarding Invoice Number: R** \_\_\_\_\_ - \_\_\_\_\_

**I authorize Broward County to charge \$ \_\_\_\_\_ to my credit card account.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please Note: This form will not be kept on file. It will be destroyed as soon as the transaction is approved.**