Environmental Protection and Growth Management Department
POLLUTION PREVENTION, REMEDIATION AND AIR QUALITY DIVISION
Mailing Address: 1 North University Drive, Suite 203, Plantation, Florida 33324
954-519-1260 • FAX 954-519-1495

CREDIT CARD AUTHORIZATION

This form shall be mailed or faxed, attention Air Quality Division at the address and number indicated on letterhead.

☐ ASBESTOS FEE ☐ AIR LICENSE FEE ☐ STATE OF FLORIDA AIR PERMIT FEE ☐ OTHER

PLEASE CHARGE MY CREDIT CARD FOR THE FOLLOWING AMOUNT: $ _____

CARDHOLDER NAME (as it appears on card): _____

CARDHOLDER ADDRESS: _____
(Card Mailing Address) Street City State Zip

CARDHOLDER PHONE NUMBER: _____

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXPIRATION DATE: _____
CREDIT CARD NUMBER Mo. / Yr.

☐☐☐ (MASTERCARD/VISA/DISCOVER)
CARD VERIFICATION NUMBER (last three digits of number on signature panel)

CARD TYPE: ☐MASTERCARD ☐VISA ☐AMERICAN EXPRESS ☐ DISCOVER

I am the undersigned owner or authorized representative of _____. I hereby authorize the Broward County Board of County Commissioners to charge the credit card listed above for the amount indicated. This charge is payment for fees and/or services indicated below. This charge is accepted in good faith by the Pollution Prevention, Remediation and Air Quality Division (PPRAQD). Should I have any questions concerning the credit card charge made to my account, I will make every attempt to resolve the issue directly with PPRAQ. By signing, I acknowledge that I am an authorized signatory for the above referenced credit card.

Name (please print) _____ Title_____ Telephone _____

Signature _____ Date_____

PAYMENT FOR

Air License or Permit No: _____

Project/Application Description: _____

Updated 9/2009