

MIAMI-DADE COUNTY, FLORIDA
DEPARTMENT OF REGULATORY AND ECONOMIC
CERTIFICATE OF USE
CREDIT CARD AUTHORIZATION FORM

PHONE: (786) 315-2666 **FAX:** (786) 315-2928

Date: ____/____/____ Process Number: U _____

List business name and address as applied for in the Certificate of Use (C.U.) application:

⇒ Business Address: _____

⇒ Business Name: _____

Credit Card Type: Master Card ____ Visa ____

Credit Card Number: _____ **Expiration Date:** ____/____/____

Amount Authorized to Charge: \$ _____. ____ **Actual Amount of Charge:** \$ _____. ____

Note: Actual amount charged must be the same or less than the amount authorized by the signer.

Signature as it appears on the Credit Card (copy attached):

Authorization Signature X _____

Print Name: _____ Phone No.: () _____ - _____

Mailing Address _____

City _____ State _____ Zip Code _____

IMPORTANT: YOU MUST ATTACH A LEGIBLE COPY OF BOTH SIDES OF YOUR CREDIT CARD!