



Leon County Emergency Medical Services
911 Easterwood Drive
Tallahassee, FL 32311
(850) 606.2100 Fax (850) 606.2101

Written Authorization to Charge Credit Card

I, _____ hereby authorize Leon County Emergency Medical Services to charge to the credit card identified below, for the amount identified, in United States Funds, for ambulance services rendered.

Furthermore, by my signature, I am indicating that I am authorized to sign for charges to the credit card identified below.

Signature

Date

Total Amount to be charged to Credit Card: \$ _____ (In US Funds)

Credit Card Number: _____

Credit Card (Check One) Visa MasterCard Discover

Expiration Date: ____/____

Security Code (Found on reverse side of Credit Card 3 or 4 digit #): _____

Name of Card Holder: _____

Billing Address: _____

City/ State/ Zip: _____

Phone Number: _____ Email Address: _____