

# PROFESSIONAL LICENSURE SERVICES, INC

*“Your Key To Licensure Success”*

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Tallahassee, Florida 32303

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Toll Free: (866) 387-PLSI (7574)

Fax Number: (850) 514-1672

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## CREDIT CARD AUTHORIZATION FORM

For your convenience, Professional Licensure Services, Inc. offers an option to pay by credit card. Should you wish to pay your current account and/or monthly invoice by credit or debit card, we require your permission to debit your card. Please complete and agree to the following as it applies to you:

\_\_\_\_\_ I authorize Professional Licensure Services, Inc. to use this credit card information to pay the state fees in the amount of \$\_\_\_\_\_. (Fee will be charged by "DBPR", not Professional Licensure Services, Inc.)

\_\_\_\_\_ I authorize Professional Licensure Services, Inc. to debit my credit card in the amount of \$\_\_\_\_\_ + a 3.5% Processing Fee for Consultation Services.

Company Name : \_\_\_\_\_

Qualifier Name : \_\_\_\_\_

Your name as it appears on credit card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ American Express

\_\_\_\_\_ Mastercard \_\_\_\_\_ Discover

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Card Verification # \_\_\_\_\_ (Mastercard / Visa - final 3 digit number on back of card.) (American Express - 4 digit number printed after and to the right of the card number on the front of your card.)

**Our credit card transactions are all processed through PayPal. By signing this authorization form, you are authorizing Professional Licensure Services, Inc. to process your credit card through PayPal on your behalf only for the amount and frequency as specified above. The transaction(s) on your credit card statement should appear as "PAYPAL \*PLSI". Returned payments may be subject to a \$25.00 service charge. As an alternative to this authorization, you may process this payment online yourself by visiting [www.paypal.com](http://www.paypal.com) and logging on or creating a PayPal account. All transactions need to be sent to [info@plsflorida.net](mailto:info@plsflorida.net).**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address for your credit card: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Once you have completed this form, please return it to us by fax at (850) 514-1672.  
Thank You!**