

Association of Diving Contractors International, Inc.

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CREDIT CARD FORM

DATE:	
COMPANY (only if company credit card):	
NAME ON CARD:	
CREDIT CARD BILLING ADDRESS:	
CREDIT CARD BILLING ZIP CODE:	
TELEPHONE # (of credit card holder):	
CREDIT CARD #	
EXPIRATION DATE:	
VERIFICATION CODE:	
EMAIL:	
SIGNATURE OF CARD HOLDER	
Expedite	\$25.00 Yes <input type="checkbox"/> or No <input type="checkbox"/>
Certification Card	
Dive Log Book	
Diving Supervisor Log Book	
Diving Supervisor Exam	
Shipping	
Total	\$