



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 CITY , STATE ZIP CODE:	City: _____ State: _____ Zip: _____
	Providence: _____ Country: _____
TELEPHONE # (of credit card holder):	
CREDIT CARD #	
EXPIRATION DATE:	Exp. Date: _____ CVV: _____
VERIFICATION CODE LOCATION	American Express: 4 numbers - front of the Card All other Credit Cards: 3 numbers - back of the Card
EMAIL:	
SIGNATURE OF CARD HOLDER	
Expedite	\$25.00 Yes <input type="checkbox"/>
Same Day Expedite	\$50.00 Yes <input type="checkbox"/>
Email Copy	\$15.00 Yes <input type="checkbox"/>
Certification Card	
Dive Log Book	
Supervisor Log Book	
Supervisor Exam	
Shipping	
Total	\$ _____