



**Association of Diving Contractors International, Inc.**

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**CREDIT CARD FORM**

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