



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>CITY, STATE, ZIP CODE, PROVINCE:</b>	<b>CITY:</b> <b>STATE:</b> <b>ZIP CODE:</b>
	<b>PROVINCE:</b> <b>COUNTRY:</b>
<b>TELEPHONE # (of credit card holder):</b>	
<b>CREDIT CARD #</b>	
<b>EXPIRATION DATE:</b>	
<b>VERIFICATION CODE:</b>	
<b>EMAIL ADDRESS:</b>	
<b>SIGNATURE OF CARD HOLDER</b>	
<b>Expedite</b>	<b>\$25.00</b> Yes <input type="checkbox"/> or    No <input type="checkbox"/>
<b>WU 50<sup>th</sup> Anniversary Book</b>	<b>\$50.00</b> <b>How Many?</b>
<b>Diver Log Book</b>	<b>\$35.00</b> <b>How Many?</b>
<b>Diving Supervisor Log Book</b>	<b>\$35.00</b> <b>How Many?</b>
<b>Shipping</b>	<b>TBD</b>
<b>Total</b>	<b>\$</b>