



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: | |
| | City: _____ State: _____ Zip Code: _____ |
| | Province: _____ Country: _____ |
| 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"/> |
| Supervisor Handbook (s) 1 – 9 | \$65.00 How many? |
| Supervisor Handbooks 10 – 24 | \$60.00 How many? |
| Supervisor Handbooks 25 or more | \$55.00 How many? |
| Shipping Cost | TBD |
| Total | \$ |