



6336 Greenville Ave., Ste A
Dallas, TX 75206
PH: 214-750-6900
FX: 214-750-6904

DIVE WEST CREDIT CARD AUTHORIZATION FORM

I, _____, do hereby authorize Dive West to charge the
(PLEASE PRINT NAME)

following amount of \$ _____ to the following credit card:
(Total)

(Circle one) AMEX VISA MC DISCOVER

You may choose to have your amount to be charged in the following ways:

Please charge my total of \$ _____ ← Initial

Or I wish to make two payments: \$ _____ ← Initial

1st Payment/Deposit \$ _____ On Reservation Date: _____

2nd Payment/Final Payment \$ _____ On Date: _____

CREDIT CARD # _____ EXP DATE: _____

Code on the back of VISA/MasterCard: Three Digits: _____

Code on the front of AMEX: Four Digits: _____

Cardholder's Signature: _____ Date: _____

PLEASE PRINT:

Name (as it appears on the credit card): _____

Billing address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____