



CREDIT CARD AUTHORIZATION FORM

I, _____, do hereby authorize Dive West, Inc.
(Please Print Name)

to charge the amount of \$_____ to the following credit card:

(Circle one) AMEX VISA MC DISCOVER

CREDIT CARD # _____ EXP. DATE _____

Code on the back of VISA/MasterCard: Seven digit: _____

Code on the front of AMEX: Four digit: _____

Cardholder's Signature _____ Date _____ 20____

Please Print:

Name (as it appears on the card) _____

Billing address _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

Please fax completed form to: **214-750-6904**