



## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, do hereby authorize Dive Into Scuba, Inc.  
(Please Print Name)

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

Check box:      AMEX       VISA       MC

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Code on the back of VISA/MasterCard: Three digit: \_\_\_\_\_

Code on the front of AMEX: Four digit: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_ 200\_

### **Please Print:**

Name (as it appears on the card) \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

(receipt to be e-mailed to the above address)

Please fax completed form to: **972-315-3376**