



CREDIT CARD AUTHORIZATION FORM

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

to charge the amount of \$ _____ to the following credit card:
(Class price includes TAX - \$413.75 for complete class per person or \$339.49 for Referral per person)

**In addition to the class fee above;
Personal gear is required of Mask, Fins, Snorkel and Boots**

(Circle one) AMEX VISA MC DISCOVER

CREDIT CARD # _____ EXP. DATE _____

Code on the back of VISA/MasterCard/Discover: Three digits: _____

Code on the front of AMEX: Four digits: _____

Cardholder's Signature _____ Date _____ 20 _____

Please Print:

Name (as it appears on the card) _____

Billing address _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

Cell phone () _____

Return fax to: **214-750-6904** or Email to **divewest@gmail.com**