

# CREDIT CARD AUTHORIZATION

## HOLLYWOODIVERS.COM INC SCUBA PROFESSIONALS

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### PAYMENT INFORMATION

Please complete the following information and send back to our office  
to authorize payment.

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_ Initials \_\_\_\_\_

Charge:(check one) MC \_\_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_

Card # \_\_\_\_\_ Exp \_\_\_\_\_ Sec Code \_\_\_\_\_

Security code on card (3 digits on back of Visa/MC, 4 digits front of AMEX)

Cardholder Signature \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

As listed on your card, include address, city, state, zip

Cardholder Date of Birth (m/d/y) \_\_\_\_\_