

CREDIT CARD AUTHORIZATION

HOLLYWOOD DIVERS, 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) _____