

CREDIT CARD AUTHORIZATION

HOLLYWOODIVERS, INC. SCUBA PROFESSIONALS

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LOS ANGELES, CA 90068

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EMAIL – hollywoodivers@hollywoodivers.com

PAYMENT INFORMATION

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

Client name: _____

Amount Due: _____ Initials _____

Charge: Mastercard Visa American Express

Card# _____ Expires _____

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

Cardholder Signature _____

Print Cardholder name _____

As listed on your card

Billing Address _____

As listed on your statement

Cardholder Date of birth (m/d/y) _____