

CREDIT CARD AUTHORIZATION

Card Holder's Name: _____
(As appears on card. Please print.)

Billing Address: _____

Phone Number: (_____) _____ - _____

Type of Card: VISA MASTERCARD

Card Number: _____ Security Code: _____
(3-Digit Visa/Master)

Expiration Date: _____

Issuing Bank: _____

Bank Phone #: _____

I authorize Dive And See Inc. to charge my credit card in the amount of
\$_____ for payment of (Rental Invoice/Invoice #) _____
and any additional charges resulting from this transaction (e.g. expendables, missing/damaged equipment,
shipping charges, rental extensions, or equipment additions.

Cardholder's Signature

Date

Please email completed form with a copy of your credit card AND picture ID to info@diveandsee.com