



# Diving Equipment Company of America

2335 Meredith Ln, Santa Maria, CA 93455

Ph: (805) 928-4500 Fax: (805) 928-4570

E-mail: [Sales@decadiving.com](mailto:Sales@decadiving.com)

---

## Credit Card Authorization Form

**Instructions:**

This credit card authorization form must be completed, and returned to DECA Diving, along with COPY of your Valid DRIVERS LICENSE or Valid PASSPORT before order can be processed.

**General Information:**

Firm-Individual Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City,State, Zip Code: \_\_\_\_\_  
Inter'l Country: \_\_\_\_\_  
Phone-Fax: Ph. \_\_\_\_\_ Fx. \_\_\_\_\_  
Email: \_\_\_\_\_

**Credit Card Information:**

Type of Credit Card, Visa, MC, AX, Discovery: \_\_\_\_\_  
Personal or Company Credit Card? \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Expire Date \_\_\_\_\_ V-Code \_\_\_\_\_  
Name of Bank: \_\_\_\_\_ Bank Phone # \_\_\_\_\_  
Card Holder's Billing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Authorization**

General Description of items being purchased;  
\_\_\_\_\_  
\_\_\_\_\_

People Authorized to use the Credit Card:  
\_\_\_\_\_  
\_\_\_\_\_ Title / Relationship \_\_\_\_\_

***As the card holder and signer for the above listed credit card, I herewith authorize the purchase of goods and/or services from DECA Diving (Diving Equipment Company of America)***

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_  
Title (if Applicable): \_\_\_\_\_ Date: \_\_\_\_\_