APPLICATION REGISTRATION FEE PAYMENT

I, (name) _____ hereby authorize Commercial Diving Academy to charge my card (details below) for $100.00 for Application / Registration Fee for enrolling in the SCUBA Instructor Program .

Card type: VISA American Express Mastercard Discover Other: _____

Card number: _____ Expriation Date: _____

Name on card: _____ ZIP code: _____

Signature: _____ Date: _____

If paying by check or money order, please attach it to this form.