



For a complete schedule of fees, see form DIT-06. Please note that applications will not be processed until full payment of the application fee is received.

Section 1 – Applicant & Provider Information	
Name of Applicant:	Name of Provider:
DIT Provider Accreditation #:	
Section 2 – Payment Type and Billing Information	
<input type="checkbox"/> Cashier's Check ¹	<input type="checkbox"/> Credit Card ²
<input type="checkbox"/> Wire Transfer ¹	
Bill to: <input type="checkbox"/> Provider	<input type="checkbox"/> Instructor
Section 3 – Fees	
Fee Type	Quantity
Section 4 – Credit Card Information ²	
Company: _____	
Cardholder Name: _____ <i>(For individual credit card use – please print)</i>	
Authorized Signer: _____ <i>(For corporate card use – please print)</i>	
Credit Card Number: _____	Expiration Date: _____
CVV Code: _____	
I hereby authorize IADC to process the credit card information provided above and to charge my account an amount appropriate to the product(s) requested. SIGNATURE IS REQUIRED	
Authorized Signature: _____ Date: _____	

¹For checks and wire transfers attach or e-mail payment or proof of payment with this form.

²Credit Card information will be retained for a maximum of 90 days.