



## CREDIT CARD AUTHORIZATION FORM

Company Name: \_\_\_\_\_

Type of Card (Please Circle):    VISA    MC    AMEX    DISC

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Authorization: \_\_\_\_\_

Authorization Effective Date: \_\_\_\_\_

This form authorizes Music Freight to automatically charge your credit card:

**15 days after billing date**

Please initial here \_\_\_\_\_ to acknowledge you accept the above automatic charge to your credit card 15 days after the billing date.

Please fax completed form to 407-650-2889

**THANK YOU!**