

(This form is optional if paying by a different method.)

GOTTA GROOVE RECORDS, INC.
3615 SUPERIOR AVE
#4201A
CLEVELAND, OH 44114
(800) 295-0171 PHONE / (877) 335-2492 FAX

Credit Card Authorization Form

CUSTOMER NAME _____

Type of Card: (circle one)	VISA	AMERICAN EXPRESS
	MASTERCARD	DISCOVER

Credit Card # _____ - _____ - _____ - _____ **Exp. Date** _____

**** On Visa, Discover & Master Card the CVV2 # is the last three digits on the back of the card.** __ __ __

**** On American Express Card the CVV2 # is the four digits** __ __ __ __ **on top of the credit card number on the front of the card.**

Authorized Cardholders Name _____
Please Print

Cardholders Address: _____
(as provided to Credit Card Company)

Cardholders City, State, Zip _____

Telephone number where we can reach cardholder _____

I, the undersigned, hereby authorized the above indicated individuals to charge merchandise ordered from GOTTA GROOVE RECORDS to my account.

GOTTA GROOVE RECORDS will only accept credit card orders from the above named individuals and this authorization will remain valid until canceled or changed in writing.

Date

Authorized Cardholder Signature

Email Address: _____

IF MORE THAN ONE CREDIT CARD IS BEING USED A SEPARATE AUTHORIZATION FORM MUST BE COMPLETED FOR EACH.

WHEN COMPLETE, FAX TO 877-335-2492 OR EMAIL TO matt@gottagrooverecords.com