



Credit Card Authorization Form

If you are paying CD-Rep.com by credit card (Visa, Mastercard ONLY), you must complete this form to authorize the use of your card.

Customer Name:

Artist / Group / Project Title:

CREDIT CARD INFORMATION:

Name that appears on card:

Company Name on card (if applicable):

Card Type: **VISA** **MASTERCARD**

Card Number:

Expiration Date:

AGREEMENT AND SIGNATURE:

This Credit Card is to be used for:

- | | | |
|--|-------------------------------------|-----------|
| Entire order | Approximate value of this order: \$ | |
| Deposit only (60% of order) | | US Funds |
| 60% Deposit / Balance when order is complete | | CDN Funds |
| Account balance only | | |

I acknowledge that the above Credit Card information that I have provided is accurate and true and agree that my card will be used for payment either in whole or in part as indicated.

Printed Customer Name: _____

Authorized Signature: _____ Date: _____

For Internal Use Only

Customer Invoice #: _____ Amount Charged: _____

When you have completed this form, please print it out and fax SIGNED to CD-Rep.com @ 1-519-756-8641