



1543 Washington Ave. Miami Beach Fl 33139 Ph. 305 535 6257 Fx. 305 675 0573

CREDIT CARD AUTHORIZATION FORM

CARD HOLDER NAME [as it appears on card] _____

CARD BILLING ADDRESS: _____

CARD SHIPPING ADDRESS: _____

CHECK ONE: VISA ___ MASTERCARD ___ AMEX ___ OTHER(Specify) _____

CARD NUMBER _____ EXP. DATE _____

I, _____ (Cardholder Name) authorize Grooveman Music to charge the above credit card for my purchases and guarantee the payments of these purchases.

This Authorization is to be used:

(Check one) One time ___ Permanently; on file _____

SIGNATURE: _____

DATE: _____

FOR ALL ACCOUNTS OUTSIDE THE U.S. you MUST include a photocopy of credit card (front & back) & photo identification with same name as the credit card.