



**CREDIT CARD DEBIT AUTHORIZATION**

Mail this form to:  
**PROGRESSIVE MUSIC**  
316 FIFTH AVENUE  
MCKEESPORT, PA 15132  
Or fax to:  
412.672.7633

I (we) hereby authorize **Progressive Music**, hereinafter called the **Company**, to initiate credit entries and to initiate, if necessary, debit and adjustments for any credit entries in error to my (our) credit card account (select one) indicated below:

- VISA            ACCOUNT NO. \_\_\_\_\_ EXP. \_\_\_\_\_ CVV \_\_\_\_\_
- MC             ACCOUNT NO. \_\_\_\_\_ EXP. \_\_\_\_\_ CVV \_\_\_\_\_
- AM. EXPRESS   ACCOUNT NO. \_\_\_\_\_ EXP. \_\_\_\_\_ CVV \_\_\_\_\_
- DISCOVER      ACCOUNT NO. \_\_\_\_\_ EXP. \_\_\_\_\_ CVV \_\_\_\_\_

I (we) also authorize the **Company** to charge my account for any applicable late fees on my account due to an expired or declined credit card.

This authority is to remain in full force and effect until **Company** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Company** a reasonable opportunity to act on it.

NAME (S) \_\_\_\_\_

SIGNATURE (S) \_\_\_\_\_

DATE \_\_\_\_\_

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**FOR COMPANY USE ONLY**

**DATE RECEIVED** \_\_\_\_\_

**PROCESSED BY** \_\_\_\_\_