

# MECHANICAL LICENSE REQUEST

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Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Church/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

(continued on next page)

Piece to be Recorded \_\_\_\_\_

Composer/Arranger \_\_\_\_\_

Copyright Date \_\_\_\_\_  
(Located on bottom of first page of music)

Lyricist/Author \_\_\_\_\_

Product # \_\_\_\_\_ (Located on front cover left-hand corner) Time \_\_\_\_:\_\_\_\_

Title and description of your Recording/Album: \_\_\_\_\_

Date of Recording \_\_\_\_\_ Date of Release \_\_\_\_\_

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Physical product Total Fee: \$ \_\_\_\_\_

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Total Mechanical License fee (physical and/or digital): \$ \_\_\_\_\_

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Pay online with credit card  Telephone our office with credit card information  Mail a check

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