



Mechanical License Request

Date: _____

LICENSEE INFORMATION	
Name/Company	
Address	
City, State, Zip Code	
Phone	
Fax	
Email	

SONG INFORMATION	
Song Title	
Writer(s)	Publisher/Administrator

PRODUCT INFORMATION	
Catalog Number-Album	<input type="checkbox"/> CD _____ <input type="checkbox"/> Cassette _____ <input type="checkbox"/> LP _____ <input type="checkbox"/> DIG Comp CD _____
Catalog Number- Single	<input type="checkbox"/> CD _____ <input type="checkbox"/> Cassette _____ <input type="checkbox"/> 12" Single _____ <input type="checkbox"/> 17" Single _____
Playing Time:	Release Date:
Artist/Group Name	
Album Title	
Record Label/Distributor	
UPC #	
ISRC#	

Questions/Comments: _____

To avoid delay in processing your request, please complete all applicable fields.
 Once this form is complete, please mail or fax this form to:
 Serving You Musically, Inc.
 P.O. Box 5321, New York, NY 10185, Fax: (212) 591-6803