



Telephone #: _____ Fax #: _____ Email Address: _____

[illegible]

TOTAL FEES DUE \$

ASCAP WILL NOT ACCEPT REPORTS AND PAYMENTS AT THE GROUP RATES WHEN DIRECTLY SUBMITTED TO ASCAP BY AN INDIVIDUAL LICENSEE, NOR WILL SUCH REPORTS BE DEEMED A PART OF THE GROUP REPORT UNLESS RECEIVED ON TIME AND AS PART OF THE GROUP REPORT.

Expiration Date: Month **Year**

For Internal Use Only: CC Processed By: _____ **Date** _____