



SANTA BARBARA MUSIC PUBLISHING, INC.

Interactive Audio Streams[]

#

GROUP INFORMATION

Date :

Contact Name: Institution:

Address:

City: State: Zip Code:

Phone: Fax: Email:

Choir Name:

Requested titles

1. Title: Catalog #: Playing Time:

2. Title: Catalog #: Playing Time:

3. Title: Catalog #: Playing Time:

PAID LICENSE IS VALID FOR [] STREAMS OF EACH TITLE LISTED ABOVE

Number of streams x Rate: .01 * = Amount Owed Per Title:

Total Amount Due:

Return this form signed with your payment

I verify that the above information is correct

Signed: Title: Date:

NOT VALID UNTIL SIGNED BY PUBLISHER

Payment Information: [] Check [] Mastercard [] Visa

Credit Card Number

Expiration Date

CVV Code

Mail or email this contract signed with payment to the address/fax number below.
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