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:

1000 minimum for licensing requests.

Total Amout 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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