



# SANTA BARBARA MUSIC PUBLISHING, INC.

## SYNCHRONIZATION AGREEMENT

#

### GROUP INFORMATION

Contact Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Choir Name: \_\_\_\_\_ Video/DVD Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

### TITLES BEING USED

1. Title: \_\_\_\_\_ Catalog Number: \_\_\_\_\_

2. Title: \_\_\_\_\_ Catalog Number: \_\_\_\_\_

3. Title: \_\_\_\_\_ Catalog Number: \_\_\_\_\_

### AMOUNT OWED (\$9.00 minimum required on all synchronization agreements)

Quantity of DVD/VHS being made: \_\_\_\_\_ x \$.25 Amount Owed Per Title: \_\_\_\_\_

Total titles being used per unit: \_\_\_\_\_ 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

Return this contract signed and with payment to the address below.  
You can also send via fax or email if paying with a credit card.

\_\_\_\_\_  
Visa or Mastercard\_\_\_\_\_  
Ex Date\_\_\_\_\_  
CVV Code

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