



SANTA BARBARA MUSIC PUBLISHING, INC.

SYNCHRONIZATION AGREEMENT

#

GROUP INFORMATION

Date :

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 \$.15 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