# SANTA BARBARA MUSIC PUBLISHING, INC.

## LICENSING AGREEMENT #

**GROUP INFORMATION** Date :

Contact Name: _____ Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Choir Name: _____ CD Title: _____

Catalog Entry: _____ Label: _____ Release Date: _____

**Requested titles**

1. Title: _____ Catalog #: _____ Playing Time: _____
2. Title: _____ Catalog #: _____ Playing Time: _____
3. Title: _____ Catalog #: _____ Playing Time: _____

**AMOUNT OWED**

Quantity to be printed/recorded: _____ x Rate: _____ * = Amount Owed Per Title: _____

*RATES: $0.124 (12.4-cents) per song per copy for songs up to 5:00 in duration; $0.0238 (2.38-cents) per song per copy, per minute, for songs 5:01 or longer in duration

Total SBMP titles being used: _____ **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**

**PO Box 571 - Santa Barbara CA 93116 - Email: Licensing@sbmp.com**