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: $0.13.1 (13.1-cents) per work, or 2.52 cents per minute of playing time, whichever is greater.

Total SBMP titles being used: _____ **Total Amout Due:** _____

Return this form signed with your payment ($25.00 minimum license fee)

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 591 - Santa Barbara CA 93116 - Email: Licensing@sbmp.com