





SHOP / RETAIL / HAIRDRESSERS / BEAUTY SALONS

COPMANY INFORMA	ATION									
Name of the company			F	eferens no.	(filled in by S	AMI)				
Legal name of the company						rganisation	no.			
Business address			Pos	tal code		ity				
Location addresss (if other than business address)			Pos	tal code		ity				
Contact Phone number			Em	ail						
Invoicing address (if other than business address)			Pos	tal code		City				
			Ema	il						
We want our invoice by	/ email	as a pdf (no invoice fee):								
MUSIC USE		Music sources: (A)	⊇hond	ograms (CD,	, stream	ing etc):(B)Radio/	TV:(C)N	∕lusic v	ideos
We play music or TV:				Music area		No. of days	<u> </u>	Music so		
inside the shop					m²		/year	A	В	С
miside the shop				Music area		No. of days	/ycui	Music so		
outside the shop			m²		/year	A	В	\subset		
outside the shop						No. of beds	, ,	No. of be		te B
in solarium										
We have been playing		Yea	r	Month	Day					
for more than a year		We started playing:					We don't	nlav m	nusic ou	r T\/
Additional information (if music is	used in c		·)				vvc dorre	play III	usic oi	1 V
		, , ,								
SIGNATURE										
I hereby agree that th	e abov	e information on the use	of mu	ısic shall be	used fo	r billing. I	have read	d and u	nderst	ood
X SAMI's terms and con	ditions	and agree to them. The t	erms	of agreeme	ent can	be found	at sami.s	se.		
Place and date			I	If you already ha	ave anothe	r agreemen	t with SAMI,	enter refe	rence no	
Signature, authorised representative				Printed name						





POSTAGE PAID SWEDEN



Försäljning & Marknadskommunikation

Svarspost Kundnummer 20075403 S-110 17 Stockholm