

INSTRUMENT RENTAL CONTRACT #

Contract Date:



1540 East College Ave.

Normal, IL 61761

(309)452-7436

(800)322-5019

27 East Marketview Dr.

Champaign, IL 61820

(217)356-8005

(800)842-0035

www.themusicshoppe.cominfo@themusicshoppe.com

Instrument	Condition	Serial Number	Brand and Model

METHOD OF DEBIT AFTER INITIAL PAYMENT (SELECT ONE)**1. _____ ACH(Automatic Cash Withdrawal from CheckingAcct.)**

initial

I (we) hereby authorize the vendor or its agent to initiate monthly debit entries to my (our) checking account indicated below for the monthly lease fee hereunder and the depository named below to debit the same to such account, or any other account directed by me, to continue until I return the instrument described above to the dealer.

Bank Name: _____

Transit/ABA Number: _____

Acct.# _____ Branch _____

(PLEASE ATTACH A VOIDED CHECK)**2. Debit/ Credit Card**

initial

I hereby authorize the Vendor or its agent to charge the monthly lease fee hereunder to my credit card account, or any other account directed by me, indicated below to continue until I return the instrument described above to the Dealer.

Type of Card:

Cardholder Name:

Card Number:

Expiration Date: / V Code:

Rental Credit

\$

Price

\$

Tax

\$

Total Cash Price

\$

Service Charge

\$

Total of Payments

\$

Accessories

\$

Tax

\$

Subtotal

\$

2 Months Rental

\$

2 Months M & R

\$

Total Due Now

\$

Monthly Rental Fee

\$

Monthly M & R

\$

Total Monthly Fee

\$

of Monthly Payments

1 Final Payment of

\$

Debit Start on

Accessories Ordered**PLEASE PRINT**

Renter's Name

Home Address

City/State/Zip / /

Driver's License #

Renter's Employer and Address:

/

Co-Signer (Spouse)

Co Driver's License#

Co Employer and Address

Name of Nearest Relative:

Student's Name

Renter's Signature

Social Security #

Home Phone

Work Phone

E-Mail Address

Spouse SSN:

Spouse E-Mail:

Spouse Emp. Add:

Spouse Work Phone:

Spouse Address:

Reference Address:

Reference Phone:

School