

Wyatt Violin Shop

Rental Agreement

2418 East R.D. Mize Road
Independence, MO 64057
Phone: (816) 252-5656
Email: mail@wyattviolinshop.com



RENTER INFORMATION:

First Name: _____
Last Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell: _____
Email Address: _____
Employer: _____
Work Phone: _____
Alt. Contact Name: _____
Alt. Contact Phone: _____

DATE: _____
(m/d/yyyy)

INSTRUMENT TYPE/SIZE:

Type: _____ Size: _____
Serial Number: _____
Model: _____
Full Purchase Price: \$ _____

Rental Costs:

Accrued Rent: _____
Tax Rate: _____ Tax: \$ _____
I & M: \$ _____
Total Monthly Rent: \$ _____
Deposit: \$ _____

STUDENT INFORMATION:

Student: _____ Teacher: _____
School: _____ District: _____

NOTES:

RENTAL AGREEMENT: (read page 2)

I understand and agree to all of the conditions of the "Rental Agreement".

Signature: _____ Date: _____

The renter agrees to pay in advance \$ _____ plus \$ _____ sales tax for the first month of rent
and a deposit of \$ _____ ; thereafter, payments of \$ _____ will be due the
last banking day on or before _____ and each succeeding month.
(mm/dd)
(Rental period for outfits is a minimum of 3 months.)

BILLING INFORMATION: Please provide either your SSN or Driver's License Number with State:

SSN: _____ Drivers License: _____ State: _____

CREDIT CARD INFORMATION: *(This information will be encrypted for your protection)

CC Number: _____ Ex: _____ vcode: _____ Card Type: _____
Name on Card: _____ Street Number: _____ Zip: _____

I hereby authorize THE Wyatt Violin Shop to initiate debit entries, and to initiate, if necessary, credit entries and any adjustments for any debt entries made in error to the account selected above. The authority is to remain in full force and effect until THE WYATT VIOLIN SHOP has received written notice of its termination or until rental contract is terminated.

Signature: _____ Date: _____