

WESLEY MUSIC INC

107 Atlanta Road
Gray, Georgia, 31032

BAND INSTRUMENT RENTAL CONTRACT

Payment Address: P O Box 2200
Gray, GA 31032

FILL OUT COMPLETELY

STUDENT NAME: _____ GRADE: _____
SCHOOL: _____ BAND TEACHER: _____

PARENT OR GUARDIAN: _____
EMPLOYER: _____ EMPLOYER PHONE: _____
EMPLOYER ADDRESS: _____
DL NUMBER: _____ SS NUMBER: _____
PHYSICAL HOME ADDRESS: _____
MAILING ADDRESS: (if different) _____
CITY: _____ STATE: _____ ZIP: _____ DAYTIME PHONE: _____
CELL PHONE : _____ EVENING PHONE : _____
EMAIL ADDRESS: _____ ALTERNATE EMAIL: _____
I understand that by giving this email address I am granting my permission to receive my monthly bills via email and not receive a monthly bill by mail. Initials _____

INSTRUMENT: _____ BRAND OF INSTRUMENT: _____
SERIAL NUMBER: _____ REPLACEMENT VALUE: _____
CONDITION OF INSTRUMENT: _____ CONDITION OF CASE: _____
MONTHLY RENTAL AMOUNT INCLUDING APPLICABLE TAXES: _____
WILL THE INSTRUMENT BE STORED AT THE SCHOOL OR WILL THE INSTRUMENT GO HOME WITH THE STUDENT OR BOTH?
PLEASE CIRCLE ONE

INITIAL PAYMENT	
RENTAL FEE \$	_____
BOOK(S)	_____
CARE KIT	_____
OTHER	_____
SUBTOTAL \$	_____
TAX	_____
TOTAL DUE \$	_____
CASH	_____
CHECK	_____
CARD	_____

AUTOMATIC MONTHLY DEBIT OR CREDIT CARD AUTHORIZATION (CIRCLE ONE)

CREDIT OR DEBIT CARD # _____ CVV# _____
(MASTERCARD OR VISA ONLY)

EXPIRATION _____ BILLING ADDRESS ZIP CODE _____

NAME ON CARD _____

(I hereby verify that all the above information is correct and I authorize Wesley Music Inc to debit the above credit/debit card for monthly rent program)

Signature X _____

I understand that should my balance on this rental account reach 60 days or more past due that the card listed below will be charged for any and all applicable fees including all rental fees and late fees. I understand that should my account balance reach 90 days or more past due that the card listed below will be charge for the full replacement value of the above rented instrument and it is then my instrument to keep. **INITIALS** _____

CARD NUMBER _____ **MC OR VISA** _____ **NAME ON CARD** _____

CVV# _____ **BILLING ADDRESS ZIP CODE** _____ **EXPIRATION DATE** _____

I understand that this is a rental contract that allows for the return of the instrument at anytime. I understand that routine maintenance and repairs are covered as part of the rental program and must be performed by a Wesley Music Inc. authorized technician. I understand that I am fully responsible for any and all damages to this instrument. I understand that I am responsible for the above listed replacement value of the instrument in the event that it is lost or stolen. I understand that the card on file above can be charged for the full replacement value of a lost or stolen instrument. I understand that 100% of all rental costs within the annual rental season can be used towards the purchase of a new step-up or professional instrument. I understand that the rental season begins in August _____ and ends in May _____. I understand that we may keep the instrument through the summer at the monthly rental fee for this instrument. I understand that my balance must be paid in full at the time that the instrument is returned. I understand that rental payments are due on or before the 10th day of each month regardless of receipt of my/our invoice each month. I understand that a late fee of \$5.00 per instrument will be added for payments not received by the due date. If rental payments are more than 60 past due I understand that the contract is terminated and Wesley Music Inc. reserves the right to retrieve the instrument immediately.

Signature: _____ DATE: _____

RETURN OF BAND INSTRUMENT AND TERMINATION OF CONTRACT

I have returned the above mentioned band instrument in good working condition per my rental agreement. My account is in good standing and I have paid all outstanding rent and other fees due. By signing this I am terminating my band instrument rental contract.

Signature _____ Date _____

Received by _____