

SOLA VIOLINS
INSTRUMENT RENTAL AGREEMENT

- Renter is responsible for the care of the instrument, bow, and case, and will notify **SOLA VIOLINS** of any damage to the instrument, bow, and case. Deposit is forfeited in the event of total loss of the instrument, bow, or case.
- Renter pays a monthly protection fee to cover the cost of any accidental damage or malfunction. Intentional damage and damage resulting from gross neglect is paid by the renter. All repairs must be performed by **SOLA VIOLINS**.

I authorize **SOLA VIOLINS** to charge my credit/debit card for the rental on a monthly basis (either on the 1st or the 15th of the month). **I AM RESPONSIBLE FOR NOTIFYING SOLA VIOLINS OF ANY CHANGES IN PAYMENT METHOD (EXPIRED CARD ETC).** We do not accept gift cards for rental payments.

I HAVE READ AND AGREE TO THE ABOVE POLICY

Signed: _____ Date: _____

Renter's Name _____

Student's Name _____ Music Teacher _____

Renter's Address _____

City _____ State _____ Zip Code _____

Email _____

Cell phone _____ Home/other phone _____

PAYMENT METHOD (CIRCLE ONE) Credit or Debit

Name as written on Card _____

Card Number _____

Expiration Date _____ Security Code _____ Billing Zip _____

FOR EACH LATE PAYMENT (PAST 30 DAYS), WE DEBIT A MONTH OF PURCHASE CREDIT

Size _____ Instrument _____ Model _____ Rental Number _____

Bow _____ Case _____ Serial Number _____

TOTAL REPLACEMENT VALUE/ PURCHASE PRICE \$ _____

SECURITY DEPOSIT PAID \$ _____

MONTHLY PAYMENT \$ _____ **ON** _____ **DAY OF EACH MONTH**

PROTECTION FEE \$ _____ **MONTHLY**

PAYMENTS:

	Year 1	Year 2	Year 3	Year 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
	Credit: _____ Balance: _____ Gave Notice: _____	Credit: _____ Balance: _____ Gave Notice: _____	Credit: _____ Balance: _____ Gave Notice: _____	Credit: _____ Balance: _____ Gave Notice: _____

NOTES:

DATE RETURNED: _____ **CONDITION:** _____

CURRENT ADDRESS CHECKED: _____ **DEPOSIT CREDIT DUE: \$** _____