

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/or case. Deposit and any purchase credit are forfeited in the event of total loss of the instrument, bow, or case. Renter is also responsible for returning all extra items included with the rental: case straps, case blanket, rosin and case tag. Failure to return any of these items incurs a \$5 fee for each.

•All rentals must be active for a minimum of 3 months. If the rental is returned in less than 3 months, part of the deposit is forfeited.

•Renter pays a monthly protection fee to cover the repair cost of any accidental damage or malfunction. Renter pays for intentional damage and damage resulting from gross neglect. **SOLA VIOLINS** must perform all repairs.

•A \$5/MONTH LATE PAYMENT FEE IS CHARGED STARTING 15 DAYS PAST DUE.

Purchase Credit: 100% OF THE FIRST YEAR'S RENTAL PAYMENTS (& DEPOSIT) CAN BE APPLIED TO PURCHASE A SIMILAR INSTRUMENT, BOW & CASE OF EQUAL OR GREATER VALUE AS THE RENTAL. 20% OF SUCCESSIVE YEARS' PAYMENTS CAN ALSO BE USED AS PURCHASE CREDIT.

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

Last 4 digits of card # _____ Exp. Date _____ CV Code _____ Billing Zip _____

FOR OFFICE USE:

Size _____ Instrument _____ Model _____ Rental Number _____

Bow _____ Case _____ Serial Number _____

•Case straps _____ •Case Blanket _____ •Rosin _____ •Case Tag _____

TOTAL REPLACEMENT VALUE/ PURCHASE PRICE \$ _____

DEPOSIT PAID \$ _____ MONTHLY PAYMENT \$ _____ ON _____ DAY OF THE MONTH

PROTECTION FEE \$ _____ MONTHLY INVOICE STARTED _____ CONTRACT EMAILED _____

PAYMENTS:

	Year 1	Year 2	Year 3	Year 4
I				
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:** \$ _____ **INVOICE STOPPED** _____