

**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: _____ Gave Notice: _____			

**NOTES:**

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DATE RETURNED: \_\_\_\_\_ CONDITION: \_\_\_\_\_

CURRENT ADDRESS CHECKED: \_\_\_\_\_ DEPOSIT CREDIT DUE OR PAID (CIRCLE ONE): \$ \_\_\_\_\_

INVOICE STOPPED \_\_\_\_\_