

PIANO RENTAL DC Rental Agreement

I AGREE TO THE INITIAL

	Instrument	Insurance	Delivery	TOTAL
PAYMENT IN THE AMOUNT OF	\$ _____	\$ _____	\$ _____	\$ _____
FOR THE FOLLOWING _____	Serial # _____			

The total monthly rental fee will be \$ _____ per month deducted on the _____ day of each month

PAYABLE BY

CHECK TO: 200 Lawyers Rd NW Suite 1390 Vienna VA 22183

or

CREDIT CARD (Please enter card information below)

Account Number _____ Exp. _____ 3 Digit Code _____ Billing Zip _____

Price of Instrument \$ _____ Due if purchased after 6 months \$ _____

CUSTOMER MUST COMPLETE THIS RENTAL AGREEMENT IN FULL AND SIGN AT THE BOTTOM. PLEASE PRINT

① **BILLING INFORMATION**

CUSTOMER NAME _____

STREET ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____ EMAIL _____

② **HOW DID YOU HEAR ABOUT US?** _____

③ **CREDIT REFERENCE INFORMATION** CUSTOMER'S SOCIAL SECURITY NUMBER _____

CUSTOMER'S EMPLOYER _____ WORK PHONE # _____

REFERENCE/EMERGENCY CONTACT NAME _____ PHONE # _____

I have read this agreement and agree to the stated terms and conditions. I understand that this rental program is an issuance of credit, and that all applications are subject to credit approval, and Singing Strings reserves the right to review my credit history by credit report. I understand that this agreement does not constitute a binding contract until it is accepted by Singing Strings at its office.

④ **CUSTOMER SIGNATURE** _____ **DATE** _____

Piano Rental DC LLC 200 Lawyers Rd NW Suite 1390 Vienna VA 22183

855-547-4266 www.singingstrings.net