RENTAL AGREEMENT

Acct. No	 _
Date	

TAX _____

__ Mo. Rental _____

Deposit_____

THE FOXES MUSIC COMPANY

416 South Washington Street • Falls Church, VA 22046 • (703) 533-7393

This instrument described below is hereby accepted on rental by customer for use only in conjunction with a beginner in the school music

MODEL

This instrument may be rented for an indefinite period of time, subject to the following conditions:

2. A rental fee of \$ ______ plus sales tax of \$ _____

totaling \$ _____ is to be paid monthly in advance beginning

_____ with a two month minimum

School ______Instructor _____

MAKE

SERIAL | STOCK | NEW JUSED |

program or a qualified teacher.

ARTICLE

1. The Student, ___

3.	☐ I request repair and re	placement coverage (R&R) of thi	s instrument at \$per mor	oth, to be Pa. By	
	A) Exempt the customer for the store will require reasons.	y rent for the duration of the ren rom financial liability if instrume mable proof of theft or loss, and	ital period. If R&R option is elect ent is stolen or lost in fire, provid I that a report be filed with the p red on the lost instrument will ap	ed, roxes will: ed all payments are cur olice within 48 hours.C	ustomer may rent a
	payments are current at th	e time of damage. Coverage do	ition provided damages are not ses not include restoration of fin lubricants, drum heads, sticks, et	ishes or replacement o	se and provided all f expendable items,
4.	☐ I decline repair and re	placement coverage and will be	financially responsible for loss b	y fire or theft and wi	ll be responsible for
	must be paid in excepted, and all rental fe necessary due to misuse of	advance if R&R coverage is not ses are paid to date, then the o	n through Foxes' repair faci elected. If the instrument is ret deposit will be returned by mai epair will be deducted from the led.	urned in good condition I in approximately 2 v	on, reasonable wear veeks. If repairs are
5.	above address. All rental fe KEPT BY THE CUSTOMER	es must be paid up to date of ret	he agrees to return the instrumer turn and ANY PORTION OF A FULL MONTH'S RENTAL. If the ir and parts.	A MONTH THAT TH	E INSTRUMENT IS
6.	(\$), plus the disubsequent rental payment balance may be paid in ful separate Sales Contract and	amage deposit of \$s s will apply in addition to this II, or in equal monthly installme I (2) credit approval based on th R TO PURCHASE, NOR DOES	sive band/orchestra instrument, a (if paid) may be applicable to the amount. R&R coverage does no ents over a period not to exceed the rental record. THIS IS A RENT. IT CONFER OWNERSHIP UNLES	purchase. After twelve at apply to the purchase 12 months, based on (AL CONTRACT ONLY,	months, half of all The remaining the signing of a AND DOES NOT
7.		PER MONTH WILL BE CHARG not be applied to the purchase	GED ON RENTAL PAYMENTS MO e of an instrument.	DRETHAN 14 DAYS OV	ERDUE.
8.	B. FAILURE TO PAY THE RENT WHEN AND AS DUE OR VIOLATION OF ANY OF THE AGREEMENTS HEREIN SET FORTH SHALL TERMINATE THE RENTAL STATUS BETWEEN THE PARTIES AT THE OPTION OF THE FOXES MUSIC CO. THEREBY FORFEITING THE DAMAGE DEPOSIT. The lessee shall, on demand by the lessor, forthwith (1) Deliver the goods to the lessor in the same good condition as when received by the lessee, ordinary wear and tear excepted, and pay overdue rent plus any collection costs, or (2) Purchase the instrument at its full price plus over-due rental and any collection costs. In the event any legal proceedings are undertaken under this agreement, the customer agrees to pay the actual attorney's fee, plus all costs for disbursements so paid by The Foxes Music Co.				
9.		CUSTOMER AGREES TO NOTIF	ment from the Washington Metr Y THE FOXES MUSIC CO. IN A		
This and	is Contract constitutes the er d accepts the above instrume	itire agreement between the pai nt in good condition unless here	rties hereto; and the customer ac eby noted:	cknowledges receipt of	a true copy hereof,
 Please	print clearly.		,		
ast Na	lame		First Name		M.I.
				Zip Code	
		Work Phone:			

Foxes Music Co. Rental Application

Please print:			
Name		Date	
Address			
City	State	Zip	
Phone (H)	Phone (C)		
Email Address			
Employer	Phone (W)	· .	
Driver's License Number or Social Security Number			
Spouse's Name, if applicable	_ Spouse's work	phone	
Alternate Contact Info. (must be at a different address and	d phone number):		
Name			
Phone			
Credit Ir	nformation		
Credit Card Type Account #			
Expiration Date CVV			
Paymer	nt Method		
Credit Card Auto Deduction:(yes)			
I hereby authorize payment of my rental fees to Foxes Miccard account given above. This authorization will termina			
Signature	Date		
Name as shown on card			
Address (if different from above)			
OR			
Payment Book:(yes)			

I prefer to have a payment book sent to me. I will be responsible for sending in the monthly payments.