

Renaissance Strings
181 Stage Road
Nottingham, NH 03290
603-679-1012

Instrument Rental Contract

Date _____

Billing Information

Parent Name _____

Street _____

City _____ State _____ Zip _____

Home Phone() _____

Work Phone () _____

Email Address _____

Student Information

Name _____

School Name _____

Grade _____

Teacher _____

Instrument Information

Instrument: Violin Viola Cello

Size _____

Inventory # _____

Bow _____

Rosin _____

Case _____

Condition _____

Value of Instrument: _____

Rental Fee Choice:

3 Months _____

5 Months _____

10 Months _____

12 Months _____

Other _____

TOTAL _____

Method of Payment:

Cash Credit Card Check # _____

If you would like your payments to be Automatically charged to your credit card please check here:

Credit Reference for Security of the

Instrument. Please list a major credit card, even if you are not paying with a credit card today.

Number: _____

Expiration Date _____

Name on Card _____

Drivers License # _____

Note: In the event that future payments fall behind, we reserve the right to charge said payments to your credit card, including late fees, using the information provided in this contract.

Payments made 10 days after the due date will be assessed a %5.00 per week late charge.

I acknowledge that I am fully responsible for damage of the instrument beyond normal wear. With my signature, I agree to the terms and conditions of the contract as stated.

X _____ Print Name _____ Date _____