

Robert Tice, Luthier

RENTAL INFORMATION

Lessee's (Parent's) Name (Print) First _____ Middle _____ Last _____

Spouse's Full Name _____ **Student's Full Name** _____

Mailing Address _____

Street Address (if different) _____

Phone _____ 2nd Phone _____ Email _____

Employer (Lessee's) _____ Phone _____

Employer's Address _____ City _____ State ____ Zip _____

Employer (Spouse's) _____ Phone _____

Credit Card: MC VISA DISC _____ Exp. ____/____ CVV# _____

2nd Card: MC VISA DISC _____ Exp. ____/____ CVV# _____

Name of School and/or Teacher _____ **Grade** _____

Lessee's Signature _____ **Date** _____

Please circle instrument size needed:

Violin: 1/16 1/10 1/8 1/4 1/2 3/4 4/4 **Viola:** 12 13 14 15 15.5 16 16.5 inch **Cello:** 1/8 1/4 1/2 3/4 4/4 **Bass:** 1/8 1/4 1/2 3/4

Let us know if you'd like to enroll in automatic payments. Please review and sign agreement on reverse.

Following for Office Use Only

Make _____ Model _____ Serial # _____ Date _____ ___ New ___ Used

Customer # _____

Payment Tax Penalty Cash or check #	Date	Rental period	Purchase credit
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. _____			
18. _____			
19. _____			
20. _____			