



Photo ID Required

1305 W. 14th Ave.
Spokane, WA 99204
509.456.0376

6301 N. Regal St.
Spokane, WA 99217
509.483.0276

SCHOOL YEAR LEASE OR MONTHLY RENTAL AGREEMENT AND FEES

Table with 3 columns: Item, Rental, Lease. Items include Clarinet, Alto Saxophone, Percussion Kit, etc.

* Add current WA state sales tax to all fees * No extra charge for credit/debit

PLEASE SELECT ONE:

Monthly Rental

The period of the lease shall be initially for one month beginning on the ... day of ... 20... This period may be extended from month to month and payment must occur before the ... of the month.

School Year lease

The period of the lease shall begin on the ... day of ..., 20... and shall end June 15th, 20... The lease amount for this period shall be \$... All monthly payments at this time will also apply 100% to purchase price.

* All payment will apply to the purchase of this instrument. At the end of the lease period this account will continue under the monthly rental terms unless the instrument is returned or you choose to pay the balance to purchase it.

LESSOR: AMEND MUSIC CENTER

LESSEE: _____

The LESSOR hereby agrees to lease to the LESSEE the following musical instrument:

Table with 2 columns: DESCRIPTION, RETAIL PRICE. Includes rows for SALES TAX and TOTAL.

NAME IN FULL _____ LAST 4 DIGITS OF SSN _____

DRIVER'S LICENSE# _____ DOB _____ PHONE _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (If different) _____ CITY _____ STATE _____ ZIP _____

PLACE OF EMPLOYMENT _____ PHONE _____

SPOUSE'S FULL NAME _____ LAST 4 DIGITS OF SSN _____

ADDRESS _____ BIRTHDATE _____ PHONE _____

PLACE OF EMPLOYMENT _____ PHONE _____

STUDENT'S NAME _____ SCHOOL _____

**SIGNED _____ DATED _____

Check here for self pay by mail or in person

Check here for credit card auto-pay Visa or MC# _____ exp. ____ / ____

INSTRUMENTS FOR RETURN MUST BE TURNED IN TO ONE OF THE AMEND MUSIC CENTER LOCATIONS