



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

	Rental	Lease
1. ½ or ¾ Violin or Viola _____	\$25.	\$175.
2. Full Violin or Viola _____	\$35.+up	\$245.+up
3. ½ or ¾ Cello _____	\$40.	\$280.
4. Full Cello _____	\$60.+up	\$420.+up

* 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. The monthly rental fee shall be \$_____. All payment on full size instruments will apply to the purchase price, and half of the amount paid on ½ or ¾ size instruments will apply to the purchase price of a full size instrument providing there has been no break in the rental period and payments have not been delinquent. The instrument may be returned at any time and lessee will be under no further obligation providing rent has been paid up through the month of the return. Delinquent accounts of 90 days or more will be due immediately for the full amount of the instrument along with all reasonable expenses incurred in efforts to collect indebtedness. The lessor agrees to provide FREE maintenance exclusive of damage due to negligence. The signature below acknowledges the receipt of stated instrument.

☐ 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 \$_____. The lessor agrees to provide FREE maintenance exclusive of damage due to negligence for the entire lease period. The signature below acknowledges the receipt of stated instrument.

*All payment on full size instruments will apply to the purchase price, and half of the amount paid on ½ or ¾ size instruments will apply to the purchase price of a full size instrument, providing there has been no break in the rental period and payments have not been delinquent. At the end of the lease period, you may either return the instrument with no further obligation or continue with month-to-month rental.

LESSOR: AMEND MUSIC CENTER

LESSEE: _____

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

DESCRIPTION:	RETAIL PRICE
_____	_____
SALES TAX	_____
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 CC# _____ exp. ____ / ____ CVV ____

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