

Ingram & Brauns Musik Shoppe

Rent-to-Own Option Agreement

Please fill in all lines and print clearly

Have you rented from us in the past? Yes No

Full Name: _____

Street Address: _____

P.O. Box: _____ Apt.: _____

City: _____ Zip Code: _____

Home Telephone: (____) _____

Cell Phone Number: (____) _____

Email Address: _____

Spouse's Name: _____

Employment Information: Self Spouse

Employer: _____

City: _____ Telephone: (____) _____

How long at this employment? _____

Additional contacts : *(Family or Friends. Two required)*

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____

Player's Name: _____

Grade Level: _____ School: _____

Driver's License Number: _____

Two(2)major credit cards are required if social number is not provided.

Social Security Number: _____

(Grey shaded areas will be filled in by our representative)

We Accept: VISA MC AM_EX DISC

Number: _____

Expiration date: _____ (Check if Debit Card)

Number: _____

Expiration date: _____ (Check if Debit Card)

Rental Fee

\$ _____

Admin Fee

\$ _____

Total Fees/Mo

\$ _____

New Used

Maximum number of months to maturity _____

Total estimated price at maturity \$ _____

Terms and Conditions

1. This is a rent-to-own agreement where all the monthly rental fee and sales tax apply to *the rental* instrument listed below. Up to 12 months of rent may apply to a greater valued student instrument. A minimum commitment of two months is required to begin this agreement, a minimum of three months rent for guitar and drum sets.
2. There are no interest charges on this contract. The administration fee covers the administration of this account and one annual cleaning.
3. A valid major credit card number must be kept on file at all times. Payments not received by the 14th of the month will be charged to this card on the 15th. *No statements will be sent.*
4. The renter is responsible to pay only for the months that the instrument is in the renter's possession, and may return the instrument at any time to one of our store locations without further obligation. The initial rental payment is non-refundable.
5. *The early payoff options on the remaining balance are:
 - 1) 40% discount within the first 3 Months.
 - 2) 35% discount 4th Month thru the 12th Month.
 - 3) 20% discount thereafter. (*No other discounts will apply)
6. A \$10.00 late fee per month will be assessed to each account that becomes more than 10 days delinquent. The renter agrees to return the rental should the account fall 30 days past due. Should collection be necessary, renter agrees to pay all collection costs.
7. Until paid in full, this instrument/equipment remains the property of Ingram & Brauns Musik Shoppe. The renter agrees not to sell, pawn, loan, or otherwise dispose of this instrument prior to its payment in full. In case of bankruptcy, we ask for the instrument to be returned.
8. The renter remains liable for the loss or damage to this instrument. If the instrument is returned damaged or missing equipment, the renter will be billed for the cost of repairs and/or replacement.
9. There is no charge for general maintenance.
10. We offer accidental damage coverage, and theft/fire waivers for all student models. The monthly fee for the student models is \$3.50 for the violin, viola, guitar, trumpet, clarinet and flute, \$5.00 for the student model trombone, cello and saxophone, \$10.00 for bassoon and oboe. Any repairs to our instruments must be performed in our shop. A police report is required for theft, or fire waivers. At the time we receive the report, this contract is canceled and no further payments will be required. **Coverage is automatic unless declined.**

Rental Fee x (2,3) \$ _____

(1) \$12.00 Music Stand # _____ \$ _____

(1) Book: _____ \$ _____

Reeds: Clarinet \$1.75ea; Alto Sax \$2.50 ea. \$ _____

Accessories: _____ \$ _____

_____ \$ _____

Sub Total \$ _____

Tax (Principal Payment & Supplies) \$ _____

Administration Fee x (2,3) \$ _____

Damage Coverage, Theft & Fire waiver (optional)

Initial to decline the coverage: _____ **Insurance Fee x (2,3)** \$ _____

(Coverage is automatic unless declined)

Next Due Date ____/____/____ TOTAL \$ _____

I have read and fully understand all terms and conditions of this agreement and agree to them.

Customer _____ Date _____ Store Initials _____

Payment type: CREDIT CARD VISA, MC, AMEX, DISC / **Authorization Number:** _____

Name _____ Acct# _____

Payment type: CREDIT CARD VISA, MC, AMEX, DISC / **Authorization Number:** _____