



RENTAL PAYMENT INFORMATION

PLEASE PRINT CLEARLY

This section to be completed by the Renter guaranteeing financing and care of instrument:

Last Name: _____ First Name: _____

Address: _____ Zip: _____

Phone: _____ E-mail Address: _____

Credit Card for Guarantee: _____ Expires: _____

Billing Address: _____ Billing Zip Code: _____ CVV: _____

if used for monthly payment

Please choose a monthly billing method:

Charge to card – Signature: _____ Dated: _____

E-mail an invoice – Address: _____

NOTE – INVOICES NOT PAID BY DUE DATE MAY BE CHARGED TO CARD USED FOR GUARANTEE

Person using the instrument: _____ School: _____

I certify that the information provided herein is correct: _____

SIGNATURE and DATE

This section to be completed by La Jolla Music:

Identification – License / Passport number: _____ Expires: _____

Address on Identification: _____

Acknowledgment of return of Instrument:

Instrument Accepted: _____ By: _____

Notes: _____ Dated: _____