

SOUND BEACH MUSIC

66 ECHO AVENUE
MILLER PLACE, NY 11764
WWW.SOUNDBEACHMUSICSTORE.COM

PHONE: 631-476-3850
FAX: 631-474-8783
SBMUSIC@OPTONLINE.NET

Rental Agreement

- TERM:** Date Rented: _____ **Due Date:** _____
Type of Instrument _____ Brand _____
Size _____ New -or- Used _____ Stock # _____ Serial # _____
- RENTAL FEE:** \$ _____ (including tax and damage protection.) I understand that if I return the instrument early, I will not receive a refund of the rental fee.
- VALUE:** I agree to be responsible for the instrument. The instrument remains the property of Sound Beach Music (SBM). In the event the instrument is lost, stolen or damaged beyond repair, I agree to pay the full replacement value of \$ _____ plus tax.
- DAMAGE PROTECTION:** SBM will repair any accidental damage at no charge through the end of the rental term. I understand that I will be liable for damage incurred after the rental period. SBM does not cover intentional damage, loss or theft of the instrument, damage to mouthpieces, missing parts or broken strings. If I damage the instrument or a part of the instrument beyond repair, I will be liable for the cost of a replacement instrument or replacement part and the labor to install it. I agree to bring the instrument only to SBM for repairs.
- LATE FEE:** \$ _____ PER DAY will be charged if I return the instrument late.
- PURCHASE OPTION:** The above entire rental fee may be applied towards the purchase of the instrument **if paid in full by** _____
- PARTS CHECKLIST:** _____ Mouthpiece _____ Cap _____ Ligature _____ Neck Plug _____ Strap
_____ Cleaning Rod _____ Chinrest _____ End Pin _____ # Fine Tuners _____ Finger Ring
_____ Finger Ring Screw _____ Bow _____ # Mallets _____ BC Stand _____ Music Holder

I have read and agree to the above.

Parent's Signature _____

Rental Application Please Print

Student's Name _____ School _____
Parents' Names _____
Street Address _____
Town, Zip _____ Home # _____
Mailing Address (if different) _____ Town, Zip _____
Cell # _____ Driver's License # _____
Employer's Name _____ Which Parent's Employer? _____
Address _____ Town, Zip _____ Work # _____

FAILURE TO RETURN: In the event the instrument is not returned by the date due, I agree that SBM may charge any costs including late fees up to the full replacement value to the credit card entered below.

Cardholder's Name _____	For SBM _____
Mailing Address _____ Town, Zip _____	Care Sheet _____
Home # _____ Type of Card _____	Supplies _____
Credit Card # _____ exp. date _____	Form Payment _____
	Comp _____
<i>Cardholder's Signature</i> _____	Card _____