



Together We Create

15208 S. Black Bob Road • (913) 397-7100 5842 Merriam Drive • (913) 677-0400 kcstrings.com

Instrument Rent To Own Contract

Sub. 1# _____ UPGRADE Date: _____
Sub. 2# _____

All the following information is required from the customer. Please print legibly.

First Name: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ - _____ Email: _____
Date of Birth: (MM/DD/YYYY) _____ / _____ / _____
Place of Employment: _____ Work Phone: _____ - _____
Driver's License Information: State: _____ Number: _____
Student's Name: _____ School: _____ Grade: _____

Renewals are automatically charged unless the instrument is returned to store location or paid in full.

Primary Payment Option: This is how I would like to make my rental payments.

CC: VS - MC - DC - AE Card # _____ Exp. (MM/YY) _____ / _____

Name as listed on the card _____ CVV _____

OR

Bank Draft: Bank _____

Routing# _____ Account # _____

Secondary Payment Option: Please use this if primary option is declined.

CC: VS - MC - DC - AE Card # _____ Exp. (MM/YY) _____ / _____

Name as listed on the card _____ CVV _____

OR

Bank Draft: Bank _____

Routing# _____ Account # _____

Violin / Viola / Cello / Bass 1/64 • 1/32 • 1/16 • 1/10 • 1/8 • 1/4 • 1/2 • 5/8 • 3/4 • 7/8 • 4/4

Label Info: _____ 11 • 12 • 13 • 14 • 15 • 15.5 • 16 • 16.5

Inv. Code: _____ ID: _____ Year: _____ Instrument \$ _____

Case IC: _____ / \$ _____ Bow IC: _____ / \$ _____ OUTFIT \$ _____

Rental Fee: \$ _____ Check One: Next Payment Due: _____

Tax: \$ _____ Every Month Amount: _____

Total: \$ _____ Every 12 Months Employee: _____

I agree to payments and payment schedule outlined on this form.
I have read and agree to all terms listed on the back of this agreement.

Customer Signature _____ Date _____