

A. Cavallo Violins, LLC

8705 Shamrock Road, Omaha, NE 68114

Phone 402.827.9270 Fax 402.827.9271

www.acavalloviolins.com

Customer Name: _____

RENTAL AGREEMENT

(This section filled out by ACV)

Type of Instrument _____ Size _____

Description _____ Retail Price for the outfit: \$ _____

3 Months Rental Rate: \$ _____ Deposit Fee: \$ _____

3 Months Insurance and Maintenance Fee: \$ _____

Tax: \$ _____

Total First Quarterly Payment: \$ _____ Remaining Quarterly Payments: \$ _____

Remaining Payments Due beginning: 3/1/____ 6/1/____ 9/1/____ 12/1/____

Name of Responsible Person (please print): _____

Home Phone: _____ Social Security # _____

Child's Name: _____ DOB: _____ School: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ email address: _____

Credit Card Company: _____ Security code _____

Credit Card Number: _____ Exp.: _____

I Accept/ decline optional insurance and maintenance fee (initials) _____

I understand if I decline the insurance and maintenance fee, I am responsible for loss or damage of the instrument up to full retail price, and will pay to bring the instrument to saleable condition upon its return.

I have read and agree to the "Rental Terms and Conditions" and agree to assume full responsibility for this instrument. I agree to allow A. Cavallo Violins, LLC to charge the credit card above for the regular quarterly payments until I return the instrument. I understand that in the case of loss, theft, severe damage, or in the case of late payments, or if terms of this contract are not met, I must pay the full purchase price of the instrument.

Signed: _____ Date: _____

We hope you enjoy your musical experience and we look forward to being of service!