

**PEDERSEN'S BAND & ORCHESTRA  
RENTAL APPLICATION FORM**

CONFIDENTIAL - FOR STORE USE ONLY

<b>RENTER'S NAME:</b> _____			
	Last Name	First Name	
<b>RESIDENCE ADDRESS:</b> _____			
	Street Address	Apt. No.	
	City	State	Zip Code
<b>RESIDENCE PHONE:</b> (____) _____			
<b>DO YOU OWN OR RENT YOUR HOME?:</b> _____		<b>HOW LONG AT RESIDENCE?:</b> _____	
<b>DRIVER'S LICENSE #:</b> _____			
<b>RENTER'S EMPLOYER:</b> _____		<b>WORK PHONE:</b> (____) _____	
<b>OCCUPATION:</b> _____		<b>HOW LONG AT JOB?:</b> _____	
<b>ADDRESS:</b> _____			
<b>NAME OF SPOUSE:</b> _____			
<b>SPOUSE'S EMPLOYER:</b> _____		<b>WORK PHONE:</b> (____) _____	
<b>OCCUPATION:</b> _____		<b>HOW LONG AT JOB?:</b> _____	
<b>ADDRESS:</b> _____			
<b>NAME OF CHILD USING INSTRUMENT:</b> _____			
<b>SCHOOL WHERE INSTRUMENT WILL BE USED:</b> _____			
<b>PERSONAL CONTACT OF A FRIEND OR RELATIVE NOT LIVING WITH YOU:</b>			
<b>Name:</b> _____		<b>Relation:</b> _____	
<b>Address:</b> _____			
	Street Address	City	State      Zip Code
<b>Phone:</b> (____) _____			
<b>WHAT BROUGHT YOU INTO THIS STORE?:</b>			
<input type="checkbox"/> YELLOW PAGES <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> BAND/ORCHESTRA DIRECTOR <input type="checkbox"/> I AM A REPEAT CUSTOMER <input type="checkbox"/> INTERNET <input type="checkbox"/> FRIEND - Their Name			

**AUTOMATIC PAYMENT AUTHORIZATION**

I, \_\_\_\_\_ hereby authorize my bank or credit card company to make the required payments for the rental of \_\_\_\_\_ by the method indicated below, and to post to the account on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_ for the amount of \$\_\_\_\_\_.

PLEASE CHOOSE FROM ONE OF THE FOLLOWING:

VISA                                       MASTERCARD                       DISCOVER                       AMERICAN EXPRESS

Credit Card or Bank Check Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name Of Issuing Bank \_\_\_\_\_

*If the above number is a bank check card, a credit card number must also be provided in the event there are insufficient funds available in your checking account to cover the rental payment:*

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Issuing Bank \_\_\_\_\_

*I authorize Pedersen's Band & Orchestra to charge my credit card account number above for the rental amount if there are insufficient funds in my checking account to cover the rental payment.*  
Initials \_\_\_\_\_

I understand that I am in full control of my payment, and if at any time I decide to discontinue, I will notify PEDERSEN'S BAND & ORCHESTRA, and I understand and agree to the terms below.

PEDERSEN'S BAND & ORCHESTRA is hereby authorized to effect payments beginning on the date listed for any amounts owing on my account, as such amounts become due by initiating debit entries to my accounts indicated at the financial institutions named above. I authorize the financial institutions to accept any debit entries initiated by PEDERSEN'S BAND & ORCHESTRA to be debited from the accounts.

This authorization is to remain in effect until PEDERSEN'S BAND & ORCHESTRA has received notification of intent to cancel. I understand that I have the right to stop payment of a debit entry by notifying PEDERSEN'S BAND & ORCHESTRA prior to charging the account. After the account has been charged, I have the right to have the amount of any erroneous debit immediately credited to my account by the financial institution up to fifteen (15) days following the statement date or forty five (45) days after the account is charged, whichever occurs first.

Date \_\_\_\_\_ Signed \_\_\_\_\_