



117 W. Slade St. Suite #4
Palatine, IL 60067
847-991-3936 vintgviolins@aol.com

Instrument Lease Contract

Contract Date _____ New _____ Exchange _____

Customer's Name _____

Address _____
Street City Zip

Home Phone _____ Work Phone _____

Email Address _____

Lessee Employment _____
Name Phone Number Relation

Student's Name _____
First Last

School _____ School District _____

Make _____ Instrument _____ Serial # _____

Lease Payment \$ _____ Replacement Value \$ _____

Payment Received \$ _____ Cash _____ Check # _____

Debit/Credit Card # _____ EXP _____

This card will be charged if payment is more than 15 days past due. If you would like to use this card for our automatic bill pay please sign here to authorize

Typing name constitutes signature

Vintage Violins Representative

Customer Signature
Typing name constitutes signature