

Date Out _____ Date Rtrnd _____ Eligible credits: _____ Bought? Yes No
 Used credits for _____

Customer Rental Credit Information (please print):

NAME: _____ DATE _____

Address: _____ Phone: _____

Apt: _____ City: _____ State: _____ Zip _____

E-mail: _____ Cell Phone: _____

Your Employer _____ Work Phone #: _____

Work e-mail (if different): _____

Reference #1 Music teacher: _____ Ph #: _____

Player's Name: _____ School: _____

School Music Teacher: _____

Spouse's Name*: _____ Cell Phone #: _____

Spouse's Employer: _____ Work #: _____

* If not applicable, then personal reference information

ID used (Driver's license, passport, Non-driver ID) # _____

Would you care to be added to our concert email list? _____ Interest: Classical Traditional Jazz

-----This area to be filled out by Mount Airy Violins and Bows-----

Instrument: _____ Size : _____ Ex Gd Fr Pr
 Bow _____ Ex Gd Fr Pr
 Case _____ Ex Gd Fr Pr
 Signature: _____

RENTAL PERIOD	
Yearly	Quarterly
	Q 1 4 7 10
	Q 2 5 8 11
	Q 3 6 9 12

They have:
 ___ Care form
 ___ Contract
 ___ Invoice

We have
 ___ Contract
 ___ Entered Mem Xction on _____
 ___ Entered in Gmail
 ___ Entered in Customer Xcel list

Upon returning or buying:
 Mem Xction removed on _____
 ___ Removed from Gmail
 ___ Updated Cust List

