

# ROBERT TICE, LUTHIER

2503 ROUTE 209  
SCIOTA, PA 18354  
570-992-5695

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## RENTAL INFORMATION

### LESSEE INFORMATION

Lessee's (Parent's) Full Name (Print) First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Spouse's Full Name \_\_\_\_\_ Student's Full Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Address if different \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_  
Social Security# \_\_\_\_\_ Spouse's SSN \_\_\_\_\_ Driver's Lic.# \_\_\_\_\_  
Employer (Lessee's) \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer (Spouse's) \_\_\_\_\_ Phone # \_\_\_\_\_  
Credit Card (MC; VISA; DISC): \_\_\_\_\_ # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV# \_\_\_\_\_  
2nd Credit Card: \_\_\_\_\_ # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV# \_\_\_\_\_  
Name of School &/or Teacher \_\_\_\_\_ Grade: \_\_\_\_\_  
Lessee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### INSTRUMENT INFORMATION

Please circle instrument and size needed:

Violin: 1/16 1/10 1/8 1/4 1/2 3/4 4/4

Viola: 12 13 14 15 15.5 16 16.5 inch

Cello: 1/8 1/4 1/2 3/4 4/4

*(Following for office use only)*

Make \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_ Date \_\_\_\_\_ New \_\_\_\_\_ Used \_\_\_\_\_

### PAYMENT INFORMATION

Customer #	Payment	Tax	Penalty	Cash or check #	Date	Rental period	Purchase credit
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
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15.							
16.							
17.							
18.							
19.							
20.							