

ROBERT TICE, LUTHIER

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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. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____