



WHIPKEY'S MUSIC, INC.

2949 Canton Road #500

Marietta, GA 30066

770-427-2277

A

LEASE / PURCHASE AGREEMENT

1. APPLICANT (SIGNEE)		SOC. SEC. NO.		CELL PHONE	
1. EMPLOYER		POSITION	HOW LONG	HOME PHONE	
2. APPLICANT		SOC. SEC. NO.		BUS. PHONE	
2. EMPLOYER		POSITION	HOW LONG	HOME PHONE	
HOME ADDRESS		CITY		STATE	ZIP
CREDIT CARD (Circle One) VISA MC AMEX DISCOVER		ISSUED BY "NO DEBIT CARDS"		ACCOUNT NUMBER	V CODE EXP. DATE
CREDIT CARD (Circle One) VISA MC AMEX DISCOVER		ISSUED BY "NO DEBIT CARDS"		ACCOUNT NUMBER	V CODE EXP. DATE
E-MAIL		OWN OR RENT HOME		HOW LONG	
PERSONAL REFERENCE (NOT AT YOUR ADDRESS)		RELATIONSHIP	PHONE NO.		
STUDENT (FULL NAME)		SCHOOL	COUNTY	DIRECTOR	
LOCATION OF INSTRUMENT	ADDRESS	CITY	ST	ZIP	PHONE NO.
STUDENTS GUARDIAN (IF OTHER THAN APPLICANT)		ADDRESS		PHONE NO.	
DECLARED BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No		PRIOR RENTAL AT WHIPKEY'S MUSIC, INC. <input type="checkbox"/> Yes <input type="checkbox"/> No		CREDIT FREEZE <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPLETE ENTIRELY

APPLICANT INFORMATION SUBJECT TO VERIFICATION

B

INITIAL PAYMENT
(\$ x 2) \$

MAINTENANCE
(\$ x 2) \$

LOSS AND ACCIDENTAL
DAMAGE WAIVER
(\$ x 2) \$

Mode of Payment ☐ Cash ☐ Check ☐ Charge

MONTHLY RATE \$

MAINTENANCE \$

LOSS AND ACCIDENTAL
DAMAGE WAIVER \$

SALES TAX \$

TOTAL MONTHLY PAYMENT \$

SECURITY DEPOSIT \$

Mode of Payment ☐ Cash ☐ Check ☐ Charge

C

WHIPKEY'S MUSIC, INC. hereby agrees to rent the undersigned customer the following instrument at the rates determined in Section B.

INSTRUMENT SIZE SERIAL NO.

REPLACEMENT COST \$ CONDITION

MEMO

I understand the terms, conditions, definitions, rates, costs and prices as explained on both sides of this lease contract. I also understand that this rental contract will begin on _____ and monthly payments will begin on _____. Customer further understands he or she will be in default of this agreement for failure to inform Whipkey's Music, Inc. of any changes of address(es) as listed on this application, and that any out-of-state change of address also constitutes default.
10 month minimum

X _____
Customer Signature Date

FOR CREDIT INQUIRY ONLY

D

The optional Loss and Accidental Damage Waiver has been explained to me and I hereby Accept or Deny this separate Agreement added to this Lease.
(Initial the appropriate box ACCEPT or DENY)

☐ ACCEPT ☐ DENY

TO BE COMPLETED BY STORE UPON DELIVERY:

GA. DR. NO.	EXP. DATE	SALESMAN	CONTRACT VERIFIED FOR ACCURACY BY MANAGER
TERMINATION DATE		SERIAL NO.	SALESMAN
<input type="checkbox"/> Purchased <input type="checkbox"/> Returned <input type="checkbox"/> Deposit Returned <input type="checkbox"/> Deposit Applied		Loss or Damage Fee \$	