



A+ Program Parent Application

Agreement #: _____

Date: _____

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Applicant's name:	Applicant's Employer:	
Address:	Work Phone #:	
	Social Security #:	
City/State/Zip:	Driver's License #/State:	
Primary Phone #:	Birth Date:	
Secondary Phone #:	E-Mail Address:	
Spouse's Name:	Spouse's Employer:	
Spouse's Primary Phone #:	Spouse's Work Phone #:	
Student's Name:		
Student's School:		
Payment Options:		
<input type="checkbox"/> I Will use my Checking/Savings Account:	<input type="checkbox"/> I will use my Debit/Credit Card:	
Bank Name: _____	Card Number: _____	
Routing Number: _____	Exp. Card: _____	V-Code: _____
Account Number: _____	Name on Card (print): _____	
Name(s) on Account: _____		
PLEASE ATTACH A VOIDED CHECK		
Special Comments:		
<i>I will notify Dietze Music in writing or by phone if this information changes, Including, but not limited, to any bank and/or debit/credit card changes.</i>		
Signature:	Date:	
FOR OFFICE USE ONLY		
Accessory Checklist (please add item number)		Rental (Pre-Tax):
<input type="checkbox"/> Music Stand	<input type="checkbox"/> Strings	Book (Item # _____)
<input type="checkbox"/> Care Kit	<input type="checkbox"/> Shoulder Rest	Accessories Total:
<input type="checkbox"/> Reeds	<input type="checkbox"/> Polish Cloth	Peace of Mind Protection:
<input type="checkbox"/> Reed Guard	<input type="checkbox"/> Rock Stop	SUBTOTAL
<input type="checkbox"/> Slide Grease	<input type="checkbox"/> _____	Tax
<input type="checkbox"/> Mouthpiece Brush	<input type="checkbox"/> _____	Additional Charges(i.e.SP20)
<input type="checkbox"/> _____	<input type="checkbox"/> _____	TOTAL
<input type="checkbox"/> _____	<input type="checkbox"/> _____	
Special Notes:	<input type="checkbox"/> Check (Number _____) <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card: _____ <div style="text-align: right;">Exp: _____ V-Code: _____</div>	

Dietze Representative: _____
(Name and Employee #)