

School Rental Parent Application

Agreement #:		
Date:		

PLEASE PRINT CLEARLY IN BLUI	E 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:
Spouse's Name:		Spouse's Employer:
Spouse's Primary Phone #:		Spouse's Work Phone #:
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Student's Name:		
School:		
Options for Automatic Recurring Payments:		
☐ I will use my Checking/Savings Account:		☐ I will use my Debit/Credit Card:
Bank Name:		Card Number:
Routing Number:		
Account Number:		Exp. Card: V-Code:
Name(s) on Account:		Name on Card (print):
PLEASE ATTACH A VOIDED CHECK		
Special Comments:		
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.		
Signature:	,	Date:
FOR OFFICE USE ONLY		
Accessory Checklist (pleas		Rental (Pre-Tax):
☐ Music Stand	☐ Strings	Book (Item #)
☐ Care Kit	☐ Shoulder Rest	Accessories Total:
Reeds	□ Polish Cloth	Peace of Mind Protection:
☐ Reed Guard	☐ Rock Stop	SUBTOTAL
☐ Slide Grease		Tax
☐ Mouthpiece Brush		Additional Charges
		TOTAL
Special Notes:		☐ Check (Number) ☐ Cash☐ Credit/Debit Card:
		Exp: V-Code:

Dietze Representative: