

GOT A GIG MUSIC INC RENTAL APPLICATION

3661 N. FREEWAY BLVD. SUITE 100

SACRAMENTO, CA. 95834

916-531-1118

Student information:

First Name: _____ Middle Name: _____ Last Name: _____

Student's School: _____ Music Teacher's name: _____

Student's Grade Level: _____

What instrument would you like to rent? _____, New or used .

What size orchestral instrument does your student require? _____

Renter's Information:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Must have current California Driver's License (**License address must match current address. No current valid driver's license- No rental**) # _____

California DL expiration date _____, Date of birth: _____.

Credit Card Number: _____, Name on Credit Card: _____

Expiration date _____, Security Code _____. **"NO CASH PAYMENTS"**

Present Employer: _____ Position: _____

Present Work Phone: _____, Present Employer Address _____

Spouse's Name: _____ Spouse's Present Employer: _____

Spouse's Employer's phone number: _____, Address _____

Personal Reference: _____, Reference Phone number: _____

Nearest Relative Not Living with You: _____ Relation: _____

Address: _____

City: _____ Zip: _____ Phone: _____

I certify that I am at least 18 years of age and that everything stated on this application is true and correct to the best of my knowledge. Your signature authorizes us to charge your credit card each month to pay for your instrument rental.

Applicant's Signature: _____ Date: _____

Employee's signature: _____