



23 South Beaver St. • Flagstaff, AZ 86001 • (p) 928.779.1000 • (f) 928.779.1005

Long-Term Rental Agreement

Instrument Rented: _____ new/used

Addition Items Included: _____

Serial(s) #: _____ Total Purchase or Replacement price of item(s) \$ _____

Condition Upon Rent: _____

Monthly rent includes complete CSI services and general maintenance. The undersigned agrees to rent this instrument for a minimum of one month. Rent will be charged on the monthly anniversary date of this agreement. There are no prorated refunds upon return. In case of loss or damage the renter agrees to pay the above replacement price, or the cost of repairs to the instrument, based on our discretion. This instrument remains the property of CSI. This is not an agreement to purchase the rented instrument unless indicated below. However, 4 (four) months of rent may be applied toward the purchase of a new instrument of equal or greater value to that of the rental instrument. This rental equity may only be redeemed at the time of your rental return. If you desire an instrument of lesser value than the value of your rental instrument, a percentage of equity will be used. Rental equity only applies to instruments, not accessories.

Rent-to-Own? Y / N

Your rental Due Date is the _____ of every month.

Your monthly rental amount, including applicable tax, is \$ _____.

CUSTOMER INFORMATION:

Renter (or parent, if under 18) _____ Phone # _____ (w) _____

Address _____ City _____ Zip _____

Arizona Driver's License Number: _____ Employer _____

SECURITY DEPOSIT & PAYMENTS- Credit Card Information is required; we keep a bank verification slip on file instead of a cash deposit. We will run your card on or shortly after the due date each month. If your card is declined more than twice we will revoke the rental. Sign below that you understand and agree to these terms.

Credit Card #: _____ Exp _____ 'V' code _____

We do not send monthly bills. Initial here to have monthly rent charged to your card.

Signature _____ Date _____

Payment Records (attach receipts)

Date of Return: _____

All Items Returned? ___(yes) ___(no)