REW Band & Orchestra d.b.a

Office Use Only:
- ☐ Edit Cust
- ☐ Edited
- ☐ CC/ACH
- ☐ Proof
- ☐ Entered

Rent to Own Agreement

ALL INFORMATION IS REQUIRED

12006 W 87th St Pkwy
Lenexa, KS 66215
(913) 894-4349

1080 W Santa Fe
Olathe, KS 66061
(913) 780-4426

Renter Last Name		Renter First Name	DOB	Date	
Co-Renter Last Name		Co-Renter First Name	DOB	Acct. #	
Street Address	Apt #	City	County	State	Zip Code
Home Phone	Renter Work Phone # _____		Student Name		
Cell Phone	Co-Renter Work Phone #_____		School		
E-Mail Address					

Renter Employer	Co-Renter Employer
Renter Driver License #	Co-Renter Driver License #
Renter SSN	Co-Renter SSN
Nearest Relative (not living with you)	Relative's phone number
Relative's Address	

PAYMENT OPTIONS

☐ Option 1 ACH with CREDIT CARD (Debit Cards can only be used if the card is for an account different from the ACH account) NO CREDIT CHECK. _____Initial

☐ Option 2 ACH with 2nd ACH. NO CREDIT CHECK. _____Initial

☐ Option 3 ACH with a $30 non refundable credit check. No Credit/Debit Card on file. _____Initial

☐ Option 4 Credit Card with a $30 non refundable credit check. No checking account. _____Initial

Credit/Debit Card ❑ Visa Card ❑ Discover Card ❑ Master Card ❑ American Express

Name as it appears on card:_____

I understand that if a Debit Card is used for security it must be for an **account other than ACH account number**. _____Initial

CC Billing Address: _____

Please do not list your Credit/Debit Card # on this document

Instrument: ❑New ❑Used	Serial Number	Mfg	Model	Rental # of Months _____

Replacement cost of Instrument without tax **$** _____.____

Monthly Rental Fee $ _____.___
Monthly Maintenance Fee $ _____.___
***Total Monthly Fee without tax** $ _____.___

RENTER:
By_____

Co-Renter:
By_____

Revised 5/13