

## Together We Create

Date: \_\_\_\_\_

## Instrument Approval Agreement

Custo	mer Name:					
	Address:					
City:		State:		Zip:	Zip:	
Home	Phone: ()	Cell: ( _	)			
Drive	r's License No.:	Email:				
CC No.:						
Privat	e Lessons Teacher:					
the items If the item fee will l	o assume full responsibility for the care of the s in the same condition in which I received the same condition in which I received the same not returned by agreed time, and no obe charged to the credit card number above. also has the option to pursue any legal action to	nem, should I decide not to pu ther arrangement is made, the [Monthly fee is determined by	rchase them. items will be cons the retail cost of the	idered rented and a	ı monthly	
Date Out	Item - List Individually	Inv. Code	ID	Price	Date In	
agree to return item(s) in:			ier Signature	Shop 2	Shop Authorization	
Notes:						