



Application Form

Please complete all fields. Please fill out a separate form for each instrument you require.

Your Details

I am over 18: Yes No

Full Name: _____

Street Address: _____

Home Phone: _____

Mobile: _____

Email: _____

Alternative Contact (not living at your address)

Full Name: _____

Relationship to you: _____

Street Address: _____

Mobile: _____

Who will be using the instrument?

Me Someone else; please give details:

User's Name: _____

Relationship to you: _____

Delivery Address (a \$40 fee applies). Leave blank if picking up.

Full Name: _____

Street Address: _____

Instrument	Per Month	Contract Value ^(#)
<input type="checkbox"/> Flute (standard)	\$25	\$300
<input type="checkbox"/> Flute (curved head joint)	\$25	\$325
<input type="checkbox"/> Bb Clarinet (plastic)	\$25	\$325
<input type="checkbox"/> Bb Clarinet (wood)	\$60	\$695
<input type="checkbox"/> Soprano Saxophone	\$60	\$795
<input type="checkbox"/> Alto Saxophone	\$50	\$695
<input type="checkbox"/> Tenor Saxophone	\$60	\$795
<input type="checkbox"/> Trumpet	\$25	\$325
<input type="checkbox"/> Trombone	\$40	\$595

(#) unless otherwise agreed, this is the supplier's Recommended Retail Price plus delivery fee if any. The Contract Value is the total buy-out price should you wish to purchase the instrument.

Credit Card Payment (Australian cards only):

Visa Mastercard

Card Number: _____

Expiry Date: __ / __ CVV Code: ___

Name on Card: _____

Cardholder's Signature: _____

Acknowledgement

I acknowledge that the information provided in this application is true and correct. I acknowledge that I have read and understand the terms and conditions listed in this hire agreement including my liability for loss and damage (see clause 10). I authorize Wollongong Wind Repairs to arrange for the charge to my account any amount which remains unpaid under the terms of this agreement.

An additional \$10 administration fee will be charged each time I fail to ensure there are sufficient funds available in my nominated account.

Full name: _____

Signature: _____

Date: _____

When complete, please return this form to:

Teachers' Choice Musical Instruments
 Rent-a-Horn
 PO Box 4014
 Towradgi
 NSW 2518