

Foxes Music Co. Rental Application

Please print:

Parent's Full Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (C) _____

Email Address _____

Employer _____ Phone (W) _____

Driver's License Number or Social Security Number _____

Spouse's Name, if applicable _____ Spouse's work phone _____

Alternate Contact Info. (must be at a different address and phone number):

Name _____

Phone _____

Credit Information

Credit Card Type _____ Account # _____

Expiration Date _____ CVV _____

(3 digits on back of visa/mc/disc, 4 digits front of amex)

Payment Method

Credit Card Auto Deduction: (yes)

I hereby authorize payment of my rental fees to Foxes Music Co. by electronically transferring funds from my credit card account given above. This authorization will terminate when the rental instrument is returned to Foxes.

Signature _____ Date _____

Name as shown on card _____

Address (if different from above) _____