

30 PAYMENT PURCHASE CONTRACT WITH RETURN OPTION

DATE _____

PLEASE SEND ME THE _____ BEGINNER INSTRUMENT FOR \$ _____ A MONTH.
(Instrument Wanted) (SD Residents Add Sales Tax)

I HAVE ENCLOSED MY FIRST PAYMENT. (Check, Money Order, or by Credit/Debit Card listed below)

I AGREE TO PAY THE SAME AMOUNT EACH MONTH UP TO A TOTAL OF 30 MONTHS.

I CAN END THIS CONTRACT ANYTIME BY RETURNING THE INSTRUMENT WITH PAYMENTS UP TO DATE TO TAYLOR MUSIC. IF I DECIDE TO CANCEL AND RETURN, PAYMENTS PAID ARE NON-REFUNDABLE.

THERE ARE NO INTEREST OR FINANCE CHARGES.



TO RETURN INSTRUMENT, SEND DIRECTLY TO:

TAYLOR MUSIC
 513 S. MAIN
 ABERDEEN, SD
 57401

DO NOT RETURN TO SCHOOL

SUBJECT TO CREDIT APPROVAL

Do Not Write In This Space

WE WILL COMPLETE THIS SECTION	1. TOTAL SALES PRICE (the total cost of your purchase on credit including your first payment) _____
_____ (Instrument)	2. YOUR FIRST PAYMENT (down payment) _____
_____ (Brand)	3. AMOUNT FINANCED (amount owing after first payment.) _____
_____ (Model)	4. TOTAL OF PAYMENTS (Total you will have paid when all payments have been made) _____
_____ (Serial Number)	5. FINANCE CHARGE: There is NO FINANCE CHARGE. The total payments is the same as the single payment price. -0-
	6. PAYMENT SCHEDULE: Each payment is the same as the first. A payment is due each month until 30 payments (including the first) have been made.
	7. We do not include insurance, nor do we make any insurance charge.
	8. There is a late fee of \$5.00 on payments over 30 days past due.

PARENT NAME (PRINTED) _____

PARENT SIGNATURE _____

SOCIAL SECURITY # _____

HOME PHONE # () _____

CELL PHONE # () _____

WORK PHONE # () _____

BOX _____ STR _____ APT _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS _____

STUDENT NAME _____

SCHOOL NAME _____

Different Shipping Address?

UPS DELIVERY Street addresses only please as UPS will not deliver to a P.O. Box.

Name _____

Street Address _____

City, State, Zip _____

Questions? 1-800-872-2263 or music@1800usaband.com TAYLOR MUSIC, BY: _____ (Sales Representative) (2011)

FAX: #1-605-225-2051 WEB: www.1800usaband.com

FAX THIS CONTRACT WITH YOUR 1st PAYMENT ON CREDIT/DEBIT CARD. (VISA, MC, DISC, or AMEX.)

I UNDERSTAND ONLY MY 1st PAYMENT WILL BE CHARGED.

CREDIT/DEBIT CARD # _____ EXP _____ CVV2 CODE _____
VI, MC, DISC: last 3 digits on back of card AMEX: 4 digit code on front of card

NAME LISTED ON CREDIT CARD: _____

Optional

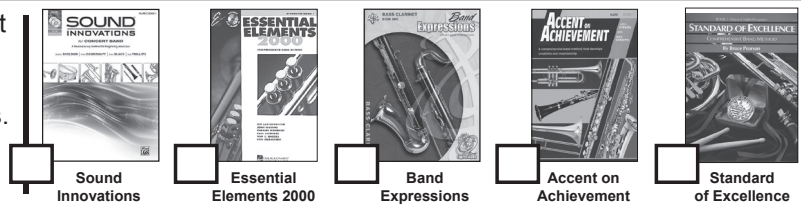
Automatic Payment Request:
 Check if Desired

YES, I would like my future payments charged to my credit card each month.

FREE Supplies

Included with instrument

Each beginner instrument will receive a **FREE** Music Stand, Care Kit, Music Book and Supplies.



FREE Book

Choose Book (check one box)

