

# 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 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**

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**SUBJECT TO CREDIT APPROVAL**

**Do Not Write In This Space**

<p><b>WE WILL COMPLETE THIS SECTION</b></p> <p>_____ (Instrument)</p> <p>_____ (Brand)</p> <p>_____ (Model)</p> <p>_____ (Serial Number)</p>	<ol style="list-style-type: none"> <li>1. TOTAL SALES PRICE (the total cost of your purchase on credit including your first payment) _____</li> <li>2. YOUR FIRST PAYMENT (down payment) _____</li> <li>3. AMOUNT FINANCED (amount owing after first payment.) _____</li> <li>4. TOTAL OF PAYMENTS (Total you will have paid when all payments have been made) _____</li> <li>5. FINANCE CHARGE: There is NO FINANCE CHARGE. <span style="float: right;">-0-</span> The total payments is the same as the single payment price. _____</li> <li>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.</li> <li>7. We do not include insurance, nor do we make any insurance charge.</li> <li>8. There is a late fee of \$5.00 on payments over 30 days past due.</li> </ol>
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<input checked="" type="checkbox"/> PARENT NAME (PRINTED) _____ <input checked="" type="checkbox"/> PARENT SIGNATURE _____ <input checked="" type="checkbox"/> SOCIAL SECURITY # _____ <input checked="" type="checkbox"/> HOME PHONE # ( ) _____ <input checked="" type="checkbox"/> CELL PHONE # ( ) _____ <input checked="" type="checkbox"/> WORK PHONE # ( ) _____ <input checked="" type="checkbox"/> BOX _____ STR _____ APT _____ <input checked="" type="checkbox"/> CITY, STATE, ZIP _____ <input checked="" type="checkbox"/> E-MAIL ADDRESS _____	<input checked="" type="checkbox"/> STUDENT NAME _____ <input checked="" type="checkbox"/> SCHOOL NAME _____
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**Different Shipping Address?**

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

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Questions?** 1-800-872-2263 or [music@1800usaband.com](mailto:music@1800usaband.com)

TAYLOR MUSIC, BY: \_\_\_\_\_ (Sales Representative) (2012)

**FAX: #1-605-225-2051 WEB: [www.1800usaband.com](http://www.1800usaband.com)**

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

I UNDERSTAND ONLY MY 1st PAYMENT WILL BE CHARGED.

CREDIT 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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band Expressions	Essential Elements 2000	Sound Innovations	Accent on Achievement	Standard of Excellence

## FREE Book

*Choose Book (check one box)*

<input type="checkbox"/>	<input type="checkbox"/>
Orchestra Expressions	Essential Elements Strings