

Rental Purchase Plan Application Form

For completion by the applicant. If you require any assistance please don't hesitate to call one of our staff on
020 7388 8438

Hirer	Instrument
Name:	Make:
Address:	Model:
	Serial Number:
	Rental Purchase Plan Price: £
Postcode:	Deposit: £
Tel:	Monthly Rental Fee: £
Email:	£12.00 Delivery Charge applicable? Yes/No
Credit/Debit Card No. for deposit and postage:	
Expiry Date: MM / YY	Valid from MM / YY
3 Digit security code	Issue No.
Alternatively, send a cheque made payable to: all flutes plus	

The hirer agrees to rent the above instrument from **all flutes plus** - the Owner - for a period of 18 months. Having paid the first two months rental as a non-refundable deposit, the hirer will make payments of £_____ per month to the owner via a standing order arrangement commencing 15 / MM / YYYY (2 months after the rental commences) and monthly thereafter for 16 months until 15 / MM / YYYY inclusive. The instrument will become the property of the hirer upon completion of the full 18 month rental term.

Should the hirer wish to purchase the instrument before the completion of this term they may do so by paying the Rental Purchase Plan Price; less the total of monthly instalments paid; less 5%. Failure to maintain regular monthly payments will result in the full balance becoming immediately payable. Full title of goods remains with the owner until paid for in full.

This agreement may be cancelled at any time by either party giving a minimum of seven days notice whereupon the instrument will be returned to the owner in good working order. The hirer will be responsible for any repair or maintenance work deemed necessary by the owner upon the instruments return. Insurance is the responsibility of the hirer. Should the instrument be lost or damaged beyond economic repair during the hire period the balance of monthly instalments remain payable by the hirer.

I hereby agree to the above conditions:

Signed Date
Hirer

Signed Date
For and on behalf of **all flutes plus**

Standing Order Mandate

To: Name of your bank	Bank	Account Name
Address: Please insert your bank branch address		
		Account Number
		Bank Sort Code
Postcode:		

Please pay **all flutes plus** c/o HSBC UK bank Plc, Bury St Edmunds Branch:

A/C No: 62424622 Sort code: 40-23-18

The sum of £_____ on the 15th day of each month commencing 15 / MM / YYYY and monthly thereafter until 15 / MM / YYYY inclusive.

Signed: _____

Date: _____