

Office: (408) 873-0900 Email: pianosales@svpiano.com www.siliconvalleypiano.com

## Practice/Recording Studio (1 person)

## Rental Agreement

T			Date:	_/
Lessee Details  First & Last Name: *Primary Phone#:  Secondary Contact (email):  Event Details  Event Date:/ (day:) Event Time: ~  Expected # of Audienceup to 3 people				
Piano	Rental Fee	Extra Hour	Select One:	
Package#1: C. Bechstein Grand	\$ 60/hr	Same		
Package#2: W. Hoffmann Grand	\$ 50/hr	Same		
Agreed Total Hours:	Hrs			
Payment Method (circle one)	Wire Transfer / Check / Visa / MasterCard			
Gra			Grand Total:	
In witness whereof, the parties have signed and sealed this Agreement on this day of, 20 and agrees to all the terms, conditions, and prices written on this agreement. Lessee acknowledges to use the facilities for # hours only and agrees to pay if the time of the event extends.				

Lessee: