



MUSIC LIBRARY RENTAL FORM

Name: _____ CMEA/NAfME Membership # _____

School: _____ Email Address: _____

City/Town: _____ Zip: _____

Credit Card: (choose one) Visa MC Discover AMEX Card #: _____

Exp Date: _____ CC Security # _____

Billing Address: Street _____ City _____ St _____ Zip: _____

Music Requested

Type: (check one) Chorus ___ Band ___ Orchestra ___ Jazz ___ File # (if known) _____

Title: _____

Composer: _____ Arranger: _____

Publisher: _____

Choral Voicing: _____ # of choral copies: _____

Date of Use: _____ Projected Date of Return: _____

I understand that my credit card will be charged the \$25 fee per title requested and the required postage (if not picked up and/or paid by other means). I further understand that any music that has been lost or damaged will also be charged at the replacement cost. Music that has not been returned within two weeks of the date of use will be considered lost and restitution will be charged. Credit card information will be destroyed when music is properly returned.

Borrowers Signature

Date

For CMEA Use only:

Date Music Sent/Picked up _____ **Date Returned:** _____

Fee Paid: _____ **Type of Payment:** _____ **Date:** _____