

SWICEGOOD MUSIC COMPANY CUSTOMER DISCLOSURE AGREEMENT

By my signature below, I/we agree that all of the information provided in this Disclosure Agreement is true and complete as stated. I agree that providing false or incomplete information herein may be considered a default of both this Agreement and the Retail Installment Contract that is entered into on or about the same time as this Disclosure Agreement.

I agree that the information provided in this Disclosure Agreement is part of the Retail Installment Contract and that **default of this Agreement and/or said Retail Installment Contract will allow Swicegood Music Company to require me to return said instrument at any place it reasonably designates or to peaceably repossess and remove the instrument identified in said Contract from my premises or any other place where the instrument may be found.** If said instrument is in good condition and complete working order, Swicegood Music Company may void the Contract. Because of the rights Swicegood Music Company will be foregong, if it voids the Retail Installment Contract there will be no refunds, extensions, or renewals made by Swicegood Music Company.

It is also understood and agreed that the Disclosure Agreement and the Retail Installment Contract constitute a trial purchase contract. Said instrument may be returned and the Contract cancelled provided all monthly payments have been paid as of the date of return and the instrument is in good condition and in complete working order.

Completion of this Disclosure Agreement by Buyer does not guarantee, warrant, or insure that Buyer will receive the instrument sought or that Swicegood Music Company will also execute this agreement.

YOUR NAME: LAST, FIRST, MIDDLE	STREET ADDRESS	CITY / ZIP CODE	AREA CODE / PHONE NO.
MAILING ADDRESS IF DIFFERENT	SOCIAL SECURITY NO.	DRIVERS LIC. NO.	DATE OF BIRTH
YOUR EMPLOYMENT	ADDRESS		PHONE NO.
YOUR RELATIVE	ADDRESS	PHONE NO.	RELATIONSHIP
YOUR CREDIT REFERENCE (CHARGE ACCOUNT AND/OR BANK, ETC.)			
SPOUSE'S NAME: LAST, FIRST, MIDDLE	STREET ADDRESS	CITY	PHONE NO.
MAILING ADDRESS IF DIFFERENT	SOCIAL SECURITY NO.	DRIVERS LIC. NO.	DATE OF BIRTH
SPOUSE'S EMPLOYMENT	ADDRESS		PHONE NO.
SPOUSE'S RELATIVE	ADDRESS	PHONE NO.	RELATIONSHIP
STUDENT'S FULL NAME	SCHOOL		GRADE

DATE	SIGNATURE
Accepted by: SWICEGOOD MUSIC COMPANY	SIGNATURE
BY _____	EMAIL ADDRESS: _____