

Hysteria Sound Music

Hysteria Sound
P.O. Box 234
Sullivan Mo 63080
(Home) 573-468-7745 (Cell) 573-205-0702
James & Stephanie Bartle

Rental Agreement / Contract

Renter Information

Name: _____

Phone # : _____

Email address: _____

Mailing address: _____

Type of event: _____

Event date: _____

Event Location: _____

Event Time: From _____ To: _____

Music package includes up to 6 hours of Sound/Music
Each additional requested hour is \$75 per hour.
Additional hours are billed by the whole hour
Separate Ceremony sound \$100

It is agreed the renter will render a NON-REFUNDABLE deposit of \$50.00 along with this completed and signed contract to reserve your event /date.

Total Payment

Sound/DJ \$ _____
Additional hours above 6 @ \$75/hour \$ _____
Booking deposit \$ - _____
Ceremony Sound \$ _____
TOTAL PAYMENT DUE \$ _____

It is further agreed that in the case of illness, death, accident, or act of God, the seller reserves the right to cancel the above-mentioned agreement.

It is also agreed that if any legal action is taken, the renter will render payment for all costs for collection, including attorney's fees and court cost.

If guest become unruly and/or destructive to our equipment Hysteria Sound has the right to end the contract early at the renter's expense. **Full payment will be required**

Renter will be held financially responsible for any damage or destruction of equipment example Mic Drop, liquid damage, or anything that leaves equipment non-functional

****5% Service charge for debit/credit transactions****

There will be an additional service charge of \$30.00 for any insufficient funds checks

Contract MUST be signed by the Renter and mailed to Hysteria Sound along with deposit to reserve above date.

I, _____ (the renter) agree to all above obligations.

Renter Signature: _____ Date: _____

Deposit: Cash \$ _____ Check \$ _____ Ck # _____

TOTAL PAYMENT DUE MUST BE PAID ON EVENT DATE OR BEFORE.