

# Kephart Sound Productions

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516 Lace Bark Street Feasterville, PA 19053

267-981-0146

## Lease Contract

Kephart Sound Productions (hereafter "Lessor") and \_\_\_\_\_  
(hereafter "Lessee") hereby enter into a lease agreement under the following terms:

Lessor shall convey to Lessee full possession and use of the following property:

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The term of this lease shall be from **MM/DD/YYYY** until **MM/DD/YYYY** at midnight on each date.

The Lessee is obliged to pay Lessor a total of **\$XX** for the rights conveyed under this lease.

Upon expiration of this lease, Lessee shall have the option to purchase the property for the price of **\$X**. If Lessee exercises this option to buy the property, **X** percent of all monthly payments made by Lessee shall be applied towards the purchase price.

Lessee shall pay to Lessor **\$X** upon or before taking possession of the property. Thereafter, Lessee shall pay Lessor the sum of **\$X** on or before the **Nth** day of each month until the expiration of this lease.

If Lessee fails to make a payment on or before its due date, a late fee of **\$20.00** shall be due and payable immediately to Lessor.

If Lessee fails to pay all amounts due within 30 days of their due dates, then Lessor may terminate Lessor's obligations under this lease and take back possession and control of the property. In the event of termination for non-payment, Lessee shall remain liable for the balance due under this lease.

Lessee shall be responsible for maintaining the property in clean working order at Lessee's expense during the term of this lease.

Upon expiration or termination of this lease, Lessee shall return the property to Lessor in substantially the same condition in which the property was received by Lessee, taking into account normal wear and tear.

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In witness to their agreement to the terms of this contract, the parties affix their signatures below:

\_\_\_\_\_  
Lessor, signature & date  
Address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

\_\_\_\_\_  
Lessee, signature & date  
Address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_