

Best Seat in the House

Regina Calderwood

Office 1-(816) 378-3475 Cell 1-(951) 531-7987 Fax 1-(951) 271-4463

website: www.thebestseat.net email: regina@thebestseat.net

Chair Cover Rental Contract

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Alternate Telephone: _____

Date of Event: _____ Event Location: _____ Event Phone: _____

Contact Person: _____ Event Start Time: _____ Event Finish Time: _____

Number of Chair Covers: _____ Color of Chair Cover: _____ Type of Chair: _____

Delivery/Travel Fee: _____ Sash: _____ Overlays: _____ Runners: _____

1. Agreement

"Best Seat in the House" will place polyester fabric chair covers and accents on the pre-arranged chairs at the location specified above. In the event that the chairs are not pre-arranged, additional fees will apply. "Best Seat in the House" will also be responsible for arranging a time for set-up and removal of the covers and accents with the events coordinator of the above location.

2. Terms and Conditions

The cost for the white chair cover rental is \$2.50 per chair; which includes the cost for application, removal, and cleaning of chair covers. There is an additional charge of \$1.00 per chair for the use of other accents available and an additional \$0.50 for any color of chair cover, other than white. The cost of overlays are \$7.50 each and runners are \$3.50 each. A delivery/travel fee may apply, depending on the venue location and distance required to travel for delivery.

There is a \$100.00 additional deposit required with the signed agreement. Any charges for damaged and/or missing chair covers or accents will be deducted from the deposit following the event. These additional charges are \$25.00 per missing cover, \$10.00 per missing sash, and \$20.00 per missing overlay or runner. Fees for any significantly damaged chair covers or accents are \$15.00 per cover, \$5.00 per sash, and \$10.00 per overlay or runner to encompass the cost of additional cleaning and/or repair. As in the agreement above, if the room is not pre-arrange, meaning that the chairs are not out and around the tables, an additional fee (depending on the number of chairs) will be added to the balance and deducted from the deposit. Finish time are determined by the client and we ask that you give us the exact time to return to remove the covers. If the event extends without giving "Best Seat in the House" 24 hours notice, we have the right to remove it as schedule or the client will be charged \$50.00 each additional half hour. Once the final balance is determined, the remaining deposit will be refunded by mail within 5 business days of the event. If the \$100.00 additional deposit is not enough to cover the losses, damages or additional setup, the difference will be billed to the client. **The final chair count and the balance are due no later than 7 days before the event.**

The client agrees to pay a \$20.00 service charge for all returned checks. "Best Seat in the House" is not responsible for any accidents relating to the use of the chair covers. If "Best Seat in the House" is unable to fulfill this agreement due to unforeseen circumstances (i.e. natural disaster, extreme weather conditions), 110% of the paid amount will be refunded for the inconvenience.

3. Cancellation Policy

Please be aware that once we reserve a date for you, others may be turned away in order to honor our commitment to you. In the event that you need to cancel, notice is required 180 days before the event and the \$100.00 deposit may be forfeited. An additional fee may be required for cancellation beyond 90 days.

Client Signature: _____

Date: _____

Make all checks payable to: Best Seat in the House

Mail to: 18287 County Rd 295, Cosby, MO 64436

OFFICE USE ONLY—OK, KS, St Louis and surrounding Areas

Client or Invoice# _____

COLOR CNT AMT

_____ Chair covers _____ @ _____ = _____

O or S
Sashes _____ @ _____ = _____
P

_____ Overlays _____ @ _____ = _____
Organza

_____ Runners _____ @ _____ = _____
Satin

Delivery/Travel = _____

TOTAL= _____

Type & Date _____ Deposit= _____

AMT DUE= _____

(Circle and initial below when completed)

Reserve Date Y

Scanned Y

Confirmation Y

Invoiced Y

Final Count Y

Payment in Full Y

COMMENTS: