

# Please Be Seated, LLC

Christine (636) 532-2917 Carolyn (636) 458-8968  
140 Brighthurst Chesterfield, MO 63005

## CONTRACT

Please fill in the blank lines and Return to:

Please Be Seated  
C/ O Christine Benson  
140 Brighthurst  
Chesterfield, MO 63005

This agreement is made and entered on \_\_\_\_\_  
By Please Be Seated and the following Client:

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Event: \_\_\_\_\_

To Be Held On: \_\_\_\_\_ Beginning at / Ending at: \_\_\_\_\_

Approximate Number of chair covers needed: \_\_\_\_\_

Type and color of chair covers and sashes requested: \_\_\_\_\_

Price per chair cover with sash: \_\_\_\_\_ **price includes taxes set up and removal!**

Other table coverings or linens: \_\_\_\_\_ Number needed: \_\_\_\_\_

Additional charges for table coverings or other linens \_\_\_\_\_

Please Be Seated, LLC agrees to furnish chair covers and sashes to the client on the above event date. Chair covers and sashes will be set up by our staff prior to event and will be removed upon conclusion of the event. **Chair covers are for stackable banquet chairs only unless otherwise noted.**

The client named above agrees to pay one third of the estimated attendance total on the date this agreement is entered into. This **non-refundable deposit** reserves the chair covers and sashes for the agreed upon date. This date is **non-transferable** unless agreed upon in writing by client and Please Be Seated, LLC. Payment in full along with final chair cover count is required two weeks before the event. In the event that payment in full is not received, Please Be Seated, LLC, may at its option cancel the use of chair covers and sashes for the event. All cancellations must be confirmed in writing within five days of cancellation.

Based on the estimated attendance, a deposit of: (Number of chair covers x price) + (Number of overlays and/or other linens x price) /3 = \_\_\_\_\_ has been made on \_\_\_\_\_.

**Payment in full with final count is due on or before \_\_\_\_\_.** The estimated remaining balance is \_\_\_\_\_ and will be ultimately determined by final count.

\_\_\_\_\_  
**Client Signature /Date**

\_\_\_\_\_  
**Please Be Seated, LLC Representative Signature / Date**

**Please be aware that Please Be Seated Chair Covers are designed for stackable banquet chairs unless otherwise noted**

Please Make Checks Payable to Please Be Seated, LLC  
Your Date is not guaranteed until a deposit has been made

***THANK YOU!***