

Lease a COLLEGIATE BED LOFT

& increase your space



- Installed in your room **before** you arrive
- Removed when you leave
- You do nothing except enjoy your extra space
- The lease for the entire school year is \$245 plus local sales tax
- Steps on end of bed serve as your ladder

Need ideas about how to use your extra space? Besides using it for your desk, how about a futon, hammock or bean bags? Or turn it into a great storage space with a dresser or shelves. The possibilities are endless!



Collegiate Bed Loft Co., Inc.
PO Box 26666
Birmingham, AL 35260
phone: 205-978-5876
email: cblorder@gmail.com

Order online at www.cblorder.com

The last day to submit an order and have your loft installed before you move in is **July 25**

Note: Orders may be placed after July 25, but loft may not be installed before move-in date



RENTAL AGREEMENT

This Rental Agreement ("Agreement") is entered into by the student (and parent or legal guardian, if student is less than 19 years of age) ("Undersigned") for the benefit of Collegiate Bed Loft Company, Inc., ("CBL"). The Undersigned desires to rent one bed loft unit from CBL pursuant to the terms of this Agreement. The Agreement is for the current fall semester and the following year's spring semester ("Term"). The Undersigned hereby acknowledges and agrees that the school or university of attendance is not a party to this Agreement. The Rental Payment, plus applicable sales tax, shall be due and payable in full at the time of placing the bed loft unit order. The Undersigned acknowledges and agrees that he/she shall be liable for any and all damage caused to the bed loft unit and/or in the event the bed loft unit is lost, stolen or deemed by CBL to be unusable up to the full replacement cost of \$400, normal wear and tear excepted. Thus, the Undersigned further agrees and acknowledges that he/she is obligated to return possession of the bed loft unit to CBL, at the end of Term, in accordance with the terms of this Agreement, including, without limitation, returning the bed loft unit to CBL in satisfactory condition. **The cancellation of the bed loft unit order by the Undersigned or the return of the bed loft unit by the Undersigned to CBL prior to the end of Term shall result in the forfeiture of the full Rental Payment.**

The Undersigned acknowledges, understands and agrees that the use of the bed loft unit to loft a bed involves certain inherent and/or assumed risks; falls, bumps, abrasions, cuts and other similar occurrences which may result in injury that is serious or fatal. The Undersigned acknowledges and accepts the fact that it is his/her responsibility to determine and implement whatever precautions may be necessary to prevent and limit such inherent and/or assumed risks from occurring and that CBL neither offers said services nor is it CBL's responsibility or duty owed to the Undersigned regarding such matters. As additional consideration of renting the bed loft unit, the Undersigned hereby acknowledges and personally assumes all risks, injuries and damages associated with the use of the bed loft unit, whether foreseen or unforeseen, that may be experienced by the Undersigned and/or others. The Undersigned further agrees to release, indemnify and hold harmless CBL and the school or university of attendance, their affiliates and subsidiary corporations, respective employees, officers, agents, contractors or assigns, (hereinafter collectively referred to as "Released Parties") from any and all claims, liabilities and/or lawsuits for any injury, serious or fatal, or other damages caused to the Undersigned and/or others arising from and as a result of (a) the use of the bed loft unit, (b) the negligence of the Undersigned, whether passive or active and/or (c) the risks assumed by the Undersigned under the terms of this Agreement.

STUDENT INFORMATION

Student's Name _____ University _____
Home Phone _____ Residence Hall and Room # _____
Home Address _____ email _____
City, state, zip _____ Cell phone _____

PAYMENT INFORMATION (check one)

Rental cost for Fall and Spring Semester: <i>(plus local sales tax)</i>	Check/Money Order <input type="checkbox"/>
	Type of Credit Card  <input type="checkbox"/>  <input type="checkbox"/>
	Credit Card # _____
	3-digit Security Code _____
	Expiration Date _____

Name as it appears on credit card: _____
Credit card holder's billing address: _____
City, state, zip _____
Phone _____
Student's Signature _____
Parent or legal guardian's signature _____
(Required if the student is under 19 years of age)

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