

Boston University Office of Vending Services
302 Babcock Street
Boston, MA 02215
Phone: 617-353-2375
Fax: 617-358-0201
Email: vending@bu.edu



Electronic Safe Rental Agreement - Summer Twelve-Week Session - 2020

Visit www.bu.edu/studentlink, look under the "Food and Shelter" tab for rental of Electronic Safe.

Mastercard, Visa, Discover, and Student Account Payments accepted online.

TERMS & AGREEMENT

Electronic Safe — Safes are assigned in the order completed agreements are received (online or otherwise) by Boston University Office of Vending Services. Depending upon room occupancy, subsequent orders for the same room may be canceled and any payment refunded. There is a limited inventory and the receipt of a completed rental agreement does not guarantee a unit. The unit is available on a rental arrangement only.

Term/Rental Fee — Rental is for Summer Twelve-Week Session of 2020. The rental fee is \$100.00 plus MA sales tax of 6.25% (\$6.25). Total amount is \$106.25.

Delivery — The Office of Vending Services will deliver the unit to the applicant's assigned room. For orders received on or before **Saturday, May 16, 2020**, every reasonable effort will be made to deliver the unit before the applicants arrive on campus on **Thursday, May 21, 2020**. There is, however no guarantee that the unit will be in the room before the student arrives.

Cancellation — The applicant can cancel a rental without charge by submitting a written request on or before **Wednesday, June 03, 2020** to the Office of Vending Services, 302 Babcock Street, Boston, MA 02215.

Refunds — Full refunds will be processed for cancellations postmarked on or before **Wednesday, June 03, 2020** at no cost. There are no refunds after **Wednesday, June 03, 2020** nor prorating of rental fees.

Assignment Transfer — The Electronic Safe is assigned to the applicant that completes the rental agreement. The responsibility for the unit can be transferred to another applicant by having that applicant complete a rental agreement in-person at the Office of Vending Services. The new rental agreement must include the unit number of the Electronic Safe to be transferred.

Room Changes — The applicant responsible for the Electronic Safe must notify the Office of Vending Services if he or she has moved. With reasonable notice, the Office of Vending Services will move the unit within the University housing system for **no cost**.

Loss/Damage — The applicant is responsible for the replacement cost of the Electronic Safe if the unit is lost or stolen and for any repairs or damages that are not the result of normal wear and tear. The University shall not be responsible for any loss or damage, including personal injury, caused, directly or indirectly, by misuse or abuse of the unit other than by University personnel.

Routine Repairs — Repairs to the Electronic Safe that are attributed to normal wear and tear or defective parts are the responsibility of the Office of Vending Services. If the Electronic Safe malfunctions, the Office of Vending Services will deliver a replacement unit to the applicant's room at no cost.

Returns at the End of the Summer Twelve-Week Session — Early pickup can be scheduled by calling the Office of Vending Services at 617-353-2375. If the unit has not been picked up by the Office of Vending Services before the applicant leaves campus, then the applicant must leave the unit in his or her assigned room and make sure the door is locked when he or she departs. The applicant is responsible for the cleanliness of the Electronic Safe. *If the unit is not clean at the time of pickup, a \$25 charge will automatically be billed to his or her account.*

Please complete this section and make a copy for your records. Note this is an interactive PDF that you can complete before printing.

BU ID Number: _____ Last Name: _____ First Name _____ Middle Initial: _____

- Payment Type: Check enclosed. Make check payable to Boston University and print the resident's name and BUID number on the check.
 Apply rental charges directly to my student account.
 Credit Card Payment. Complete section below:

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Card Number: _____	Expiration: _____	
Name as it appears on card: _____		
Cardholder Signature: _____		

I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE TERMS & AGREEMENT AS SET FORTH ABOVE:

Applicant Signature: _____ Date: _____

If applicant is under 18 years old,

Parent / Legal Guardian's Signature: _____ Date: _____