

Acknowledgment and Agreement Regarding Consulting Services

Date: _____

Client Name: _____

Client Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

To: Edward H. Smith and/or his affiliates and assigns
PMB 296 at 816 Elm Street, Manchester, NH 03101
Phone: (603) 935-8809 Fax: (603) 218-6624
Email: edsmith@ehsportal.com Website: www.ehsportal.com

I hereby agree and acknowledge that all consulting work performed for me is subject to the following terms and conditions:

1. I understand that, as applicable, you will conduct research, review documents, prepare suggested documentation and letters, suggest specific strategies, and find information and resources that would be useful to me in dealing effectively and economically with the issues I am involved with.
2. I understand that, in the course of providing consulting services, any input or suggestions you provide are not intended to be, and should not be construed as, legal advice or any other advice for which specific licensing is required.
3. I understand that your work is contingent upon my providing accurate and timely information; and all work shall be performed on a "best efforts" basis.
4. I understand that, in order to keep costs down, your work will be performed via phone and email with documents transmitted via fax or email attachment whenever possible.
5. I agree to pay \$50 per hour for services rendered plus reimbursement of pre-authorized out-of-pocket expenses with an initial retainer of \$ _____. I understand that payment for services is due as work is completed and I will receive invoices and statements on a period basis. I agree and understand that you are not liable to continue working if, for any reason, fees aren't paid in accordance with the above and/or other mutually acceptable arrangements, and I am responsible for any/all collection costs which may arise by way of, or in connection with, this Agreement.
6. I agree that a fax-copy of this Agreement is enforceable as an original.

CLIENT SIGNATURE

Date

Please Print Name: _____