



AGREEMENT

1. **DATE OF AGREEMENT:** This agreement is made on _____, between _____, hereafter referred to as "Client", and KIP, Investigative Services, LLC, hereafter referred to as "Company".

2. **SERVICES REQUESTED:** In consideration of the agreements made herein, Company, will conduct investigative services outlined as follows:

_____.

3. **START DATE:** Said Investigative activities will begin on or about _____.

4. **RETAINER:** Client has agreed to pay Company, a retainer of _____ to render services as outlined. The retainer will be placed in an account and will provide for the first 8 hours of services.

5. **OUTLINE OF CHARGES:** Company, agrees to conduct investigative and administrative activities, chargeable against the retainer at \$_____ per hour after deducting necessary, actual and reasonable expenses required by the investigation and report. Upon reaching a chargeable amount equal to the retainer, Company, unless otherwise authorized herein by Client, will within 14 days, furnish Client a detailed invoice reporting all charges and expenses.

6. **ADDITIONAL CHARGES:** Client agrees that, after chargeable activities equal to retainer amount are conducted:

_____ (Client Initials) (Date Company, is authorized to continue the investigation for up to _____ additional hours of billable time at \$_____ per hour.

_____ (Client Initials) No further investigative activities authorized.

7. **CLIENT RESPONSIBILITY:** Client assumes responsibility to provide accurate information concerning the investigation. Company, is not responsible for unproductive investigative time resulting from inaccurate information supplied by the client.

8. **WRITTEN REPORT:** Upon completion, or termination, of services Company, will provide Client with a completed written report, an invoice, and copies of any other documents or evidence obtained, e.g., video taped evidence, public records, etc., within fifteen (15) days upon completion or termination thereof.

9. **COMMUNICATIONS:** Company, agrees that its representatives will maintain reasonable communications with the Client during the period of the investigation. The Client agrees that meetings and conversations with company representatives may be billed to the Client at the rate of \$_____ per hour.

10. **TERMINATION OF SERVICES:** At any time during the conduct of services, Client may elect to terminate services for whatever reason, and agrees to pay Company, the balance due, in full, upon termination. At any time Company, may cancel services due to requests that may be ethically questionable, illegal, or not in the best interest of Client. At which time, Client agrees to pay Company, the balance due, in full, within fifteen (15) days upon termination of services. If payment in full is not received within fifteen (15) days after termination of services, Client agrees to pay an additional 1.5% interest on the outstanding balance for every 30 days of any outstanding balance due.

11. **COLLECTION OF BALANCE DUE:** If the account has not been paid in full within 60 days after termination of services, the account will be turned over to a Collection Agency. Client is responsible, and agrees to pay, for all collection fees, attorney fees, court costs, location costs, filing fees, and any other expenses incurred regarding the collection of this debt. Such expenses will be applied to the remaining balance being collected.

12. **WAIVERS:**

_____ (Client Initials) The Client waives the right to receive a written contract.

_____ (Client Initials) The Client waives the right to receive a written report.

13. **CORPORATIONS/BUSINESSES:**

_____ (Client Initials) Client waives the right to receive a written contract. Daily rate structures, invoices, written reports, and video taped evidence will be provided as advertised or previously agreed upon. Cancellation of service or business relationship is at the discretion of the Client. Contracts provided by Clients shall prevail.

This agreement has been entered into by:

DATE: _____

DATE _____

Signature: _____

D. James Jackson

(Full Name/Business)

KIP, Investigative Services, LLC

Address:

Telephone: _____