

**Coatings Consultants, Inc.**  
**8211 Needles Drive**  
**Palm Beach Gardens, FL 33418**  
**561-775-7151**

**SERVICES AGREEMENT**

The undersigned hereby retains the services of Coatings Consultants, Inc. (CCI) for the project known as:

\_\_\_\_\_

**Located:**

\_\_\_\_\_

All fees, terms and conditions shall be in accordance with the Standard Fee Schedule and Terms and Conditions furnished by Coatings Consultants, Inc.

A nonrefundable retainer fee of \$750.00 payable to Coatings Consultants, Inc., and this signed agreement are required prior to the initiation of services and prior to the use of the name of CCI or any of its professional associates on any proposal, pretrial catalog, or similar professional disclosure documents. The retainer fee will be credited at the time of issuance of a final bill.

Sworn testimony of any kind will be billed at the rate of \$350.00 per hour on a portal to portal basis with a two-hour minimum charge. Payment of charges for sworn testimony of any kind, given in response to subpoena or otherwise on behalf of any party to the work project, will be the ultimate responsibility of the undersigned. Personal appearance for sworn testimony cannot be guaranteed in the event of scheduling conflicts. Sworn testimony will not be scheduled unless outstanding bills have been paid and a retainer fee is in place.

Charges outstanding for over 30 days are subject to interest charges at the monthly rate of 1.5% of the unpaid balance. All checks should be made payable to Coatings Consultants, Inc. Tax ID 59-2690369. If it is necessary for CCI to retain an attorney in order to enforce any part of this agreement, the undersigned agrees to pay all attorneys fees and costs incurred whether or not a lawsuit is filed. Venue for any law suit shall be Palm Beach County, Florida. Files for which some form of written correspondence has not been received for a period of time in excess of one year are subject to disposal.

I HAVE REVIEWED THE ABOVE AND ANY ATTACHMENTS. I AM AUTHORIZED TO GUARANTEE PAYMENT ON BEHALF OF MY FIRM, MY CLIENT(S) AND MYSELF INDIVIDUALLY. I AGREE TO THE TERMS AND CONDITIONS CONTAINED IN THIS DOCUMENT AND ANY ATTACHMENTS.

\_\_\_\_\_  
Accepting Party (type or print name)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Accepting Party

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and E-mail address of person to receive invoices