Client Service & Responsibility Agreement

Landlord

Name:

Address:

Phone:

Email:

Start Date:

Payee Source for Services Rendered :

I the undersigned client/ legal guardian and/or representative understand and agree to the following:

- Upon retention of BF4E for private care services, a two (2) week deposit for service(s) to be rendered is due. The deposit will be held and applied to the last week of services rendered by BF4E. I agree that I (client) will be responsible for the remaining balance of charges billed for services. The balance of your deposit, if any, will be returned within thirty (30) days.

- I (client) will be financially responsible for all BF4E private care services rendered on a holiday. The holiday rate is time and a half and will be charged on the following holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas.

- I (client) will render payment to BF4E bi-monthly on the 1st and 16th of each month, based on all services performed for previous weeks. All payments will be made to BF4E within five (5) business days of billing date. Failure to render payment on a timely basis will result in accrual of finance charges at the rate of 1.50 percent per month.

- I (client) agree that my privately owned vehicle may be used when caregiver is providing transportation and/or companion services. Yes __ No __.
  Client Initials _____ *Note-All BF4E Caregivers are licensed and insured drivers.

- I (client) understand and agree that I have the right to cancel this service agreement at any time and shall only be billed for services performed prior to time that BF4E is notified of cancellation. In the event of cancellation, I (client) legal guardian or representative must contact BF4E Administrator as soon as possible at (904) 347-8489. BF4E may bill the client a $20.00 travel fee if notice of cancellation is not provided appropriately, prior to the caregiver arriving to the client's home.

- I (client) understand and agree that no caregiver assigned by BF4E to provide private care services ay ever be hired or otherwise retained by the client on behalf of either directly or indirectly. If the undersigned legal guardian/ representative is dissatisfied with the caregiver assigned to the client for any reason whatsoever, please notify the BF4E Administrator immediately. The initially assigned caregiver will be replaced by another qualified individual.

- I (client) legal guardian and/or representative understand and agree that the following private care service(s) will be provided by BF4E:

SERVICE	✓	#HOURS	WEEK DAY(S)
Companion			
Transport to Appts			
Meal Prep			
Run Errands			
Housekeeping			
Laundry			
Clean Bathroom			
Clean Kitchen			
Dust & Vacuum			

The undersigned acknowledges that "Best Friends 4-Ever Private Care, LLC" is the Contractor/ Professional assigned to the client. The undersigned acknowledges and agrees employ or otherwise retain the individual assigned to the client, either directly or indirectly, individually or through another individual, corporate entity, partnership, agency, professional association, organization or other entity, while the BF4E contractor/ caregiver is employed or otherwise associated with BF4E for a period of **two (2) years** after termination or interruption of services between the undersigned and BF4E. In the event the undersigned violates the provision contained in this paragraph, the undersigned agrees to pay BF4E upon demand the sum of **$20,000.00**, as liquidated damages in addition to payment of reasonable attorney's fees and costs undertaken by BF4E to enforce this provision.

By signing this Best Friends 4-Ever Private Care Client Service & Responsibility Agreement, the undersigned represents and warrants that he/she has read and understands the foregoing and agrees to abide by the terms and conditions expressed herein.

_____ _____

Client Name Printed **Date**

_____ _____

Signature of Client/Legal Guardian/ Rep **Date**

_____ _____

Signature of BF4E Representative Relationship to Client **Date**