

Service Agreement



This agreement is entered into between Let's Make This Move, hereinafter called "Service Provider" and _____, herein called "Client".

Clients Address _____ Phone# _____

Email Address _____

The Service Provider agrees to provide the following relocation services to:

Name _____

Service Address _____

Plan and organize _____, Prepare floor plan for new residence _____, Prepare moving schedule _____,

Organize and sort belongings _____, Arrange for donations _____, Arrange for sale on un-needed items _____,

Pack belongings _____, Schedule moving company _____, Oversee move to new residence _____,

Unpack belongings at new residence _____, Coordinate and prepare old residence for sale or rent _____,

Home Staging _____, Other _____

Clients is aware that Service Provider supplies organization and move management services only. Service Provider does not physically move the clients belongings. _____

Client agrees to pay Service Provider at an hourly rate of _____. Weekend hours are an additional \$20.00 per hour. Holiday rates double the hourly rate. If a second person is required the hourly rate increases by \$20.00 per hour. If Service Provider goes to the property without prior confirmed cancellation a \$100.00 fee will be charged to the client. Any additional fees must be agreed upon in advance by both the Service Provider and the Client.

These rates do no include fees for the moving company. Client agrees to pay the moving company directly. _____

A deposit of \$200.00 is required before any work can be started, and will be subtracted from the final invoice. The deposit is non-refundable and the client agrees to pay Service Provider upon receipt of invoice. _____

In the event of a dispute that cannot be resolved without third party intervention, The Service Provider and Client agree to resolve any dispute in arbitration. _____

The Client will have five days from date of move or end of contract to make any claim for lost or damaged items. _____

Clients Signature _____ Date _____

Service Provider Signature _____ Date _____

Contract completion Date and Signagnature _____