

FEE FOR SERVICE AGREEMENT

Location: _____ Parties: _____

Service Provider Information:

Full Name or Business Name: _____

Address: _____

Phone/Email: _____

Client Information:

Full Name or Business Name: _____

Address: _____

Phone/Email: _____

Service Description:

Fee and Payment Terms:

Total Fee: _____ USD

Payment Method and Schedule: _____

Term and Termination:

This Agreement shall commence upon execution by both parties and shall continue until completion of the Services or termination as provided herein. Either party may terminate this Agreement upon written notice to the other party. Provider shall be compensated for all services performed and reimbursable expenses incurred up to the date of termination.

Responsibilities of the Service Provider:

Provider shall perform the Services with reasonable care, skill, and diligence in accordance with generally accepted professional standards. Provider shall comply with all applicable laws, regulations, and ordinances. Provider shall maintain all necessary licenses and permits.

Responsibilities of the Client:

Client shall provide Provider with all necessary information, access, and cooperation required to perform the Services. Client shall make timely payments in accordance with this Agreement.

Confidentiality:

Each party agrees to keep confidential and not disclose to any third party any proprietary or confidential information learned during the course of the Services, except as required by law or with prior written consent of the other party.

Indemnification:

Each party shall indemnify, defend, and hold harmless the other party and its officers, directors, employees, and agents from and against any and all claims, liabilities, damages, losses, or expenses arising out of or in connection with the indemnifying party's breach of this Agreement or negligence.

Limitation of Liability:

Neither party shall be liable to the other for any indirect, incidental, consequential, special, or punitive damages arising out of or related to this Agreement, even if advised of the possibility of such damages. The total liability of either party shall not exceed the total fees paid under this Agreement.

Independent Contractor Status:

Provider is an independent contractor and shall not be deemed an employee, agent, or partner of Client. Provider shall have no authority to bind Client or incur any obligation on Client's behalf.

Governing Law and Venue:

This Agreement shall be governed by and construed in accordance with the laws of the State of _____, without regard to conflict of law principles. The parties consent to the exclusive jurisdiction and venue of the state and federal courts located in _____ County, _____.

Dispute Resolution:

The parties agree to attempt in good faith to resolve any disputes arising under or related to this Agreement through mediation before pursuing litigation. If mediation fails, either party may seek remedy in a court of competent jurisdiction.

Amendments:

No amendment or modification of this Agreement shall be effective unless in writing and signed by both parties.

Severability:

If any provision of this Agreement is held to be invalid, illegal, or unenforceable, the remaining provisions shall remain in full force and effect.

Entire Agreement:

This Agreement constitutes the entire agreement between the parties regarding the Services and supersedes all prior agreements and understandings.

Signatures; Counterparts:

This Agreement may be executed in counterparts, each of which shall be deemed an original, and all of which together shall constitute one instrument.

SERVICE PROVIDER SIGNATURE

CLIENT SIGNATURE

Signature: _____

Signature: _____

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