# **Contract for Services Rendered**

This is a contract entered into by **<Company or Person A>** (hereinafter referred to as “the Provider”) and **Your New Leaf** (hereinafter referred to as “the Client”) on this date, **<Month Name, Day Number, Year>**.

The Provider’s place of business is **<address, city, state, ZIP code>** and the Client’s place of business is **240 Wharncliffe Road North, Suite L104, London ON N6H 4P2**.

The Client hereby engages the Provider to provide services described herein under “Scope and Manner of Services.” The Provider hereby agrees to provide the Client with such services in exchange for consideration described herein under “Payment for Services Rendered.”

**Scope and Manner of Services**

Services To Be Rendered By Provider: enumerate here each particular task to be performed and its acceptable result, i.e.:

1. Retail items to be sold at YNL premises (YNL receives \_\_\_% commission):
	1. item and retail price $\_\_\_
	2. item and retail price $\_\_\_
2. Services provided to YNL (YNL receives \_\_\_% discount):
	1. service and price $\_\_\_
	2. service and price $\_\_\_

**Payment for Services Rendered**

The Client shall pay the Provider for services rendered according to the Payment Schedule attached, within **60** calendar days of the date on any invoice for services rendered from the Provider.

Should the Client fail to pay the Provider the full amount specified in any invoice within **60** calendar days of the invoice’s date, a late fee equal to **$40** shall be added to the amount due and interest of **5** percent per annum shall accrue from the **61st** calendar day following the invoice’s date.

**Applicable Law**

This contract shall be governed by the laws of the County of Canada in the Province of Ontario and any applicable Federal law.

**Signatures**

In witness of their agreement to the terms above, the parties or their authorized agents hereby affix their signatures:

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(Printed Name of Client or agent) (Printed Name of Provider or agent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Signature of Client or agent) (Date) (Signature of Provider or agent) (Date)