**Letter of Agreement**

Simply Organized provides professional organizing services and works efficiently to reach your goals at the most reasonable cost possible. All matters are kept confidential and will not be shared without your written consent. Below are the terms for our services.

**Rates and Payments:**

* The hourly rate is $50/hour
* The hourly rate for shopping is 25/hour, plus the cost of supplies
* Hours are calculated in 30 minute increments
* Payments may be made in cash, or Paypal. A receipt will be provided at the time of payment.
* A 50% deposit is due at the time of booking.
* The remaining balance is due at the conclusion of the project.

**Scheduling**

* If the client wishes to provide products needed for the project, the products will be available for use by the agreed upon date.
* A twenty-four hour notice is required for rescheduling appointments. There will be a $50 fee applied for appointments cancelled with less than a twenty-four hour notice, or for a missed appointment.

**Responsibilities**

* Simply Organized provides clients with the tools needed to make their own decisions about disposing of unwanted or unneeded possessions. Simply Organized will refer clients to appropriate providers for removal of goods, and other services and products as the need arises.
* Simply Organized does not assume any responsibility arising out of client’s disposing of their personal property and or personal records, or from use of other providers, services, companies or organizations. Simply Organized recommends clients ask their lawyers, accountants, and financial advisors should questions arise in these areas.

**Termination**

* The client has the right to terminate services at any time. If the client elects to eliminate services, the client remains responsible for any fees incurred prior to termination.
* Simply Organized has the same right regarding termination, subject to reasonable notice to allow the client to arrange alternative services.
* Simply Organized has the right to decline providing services if toxins are present in the work area, or if dangerous conditions are present.

**Acceptance:**

This document will serve as our standard agreement and your signature confirms your understanding of the basis upon which we will provide organizational services to you.

Client Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_