

TERMS OF AGREEMENT

Consent Form

Client's Name:

Client's Address:

Client's E-mail Address:

Client's Phone Number(s):

Description of Work:

Rate/Price Quote:

Deadline:

Date:

With this agreement, _____ hires Erickson Film & Design to _____ at the rates specified. A deposit of one-third will be issued the week of _____. Full payment is due upon work completion if no payment plan is arranged. No work is released until full payment is received.

If, for any reason, the client decides the services are no longer needed, immediate notice is required before work has begun. If work has already begun, the client will be responsible for a portion of the payment determined by owner, Ryan Erickson.

Following work completion, the client is entitled to one free revision within 14 days. Additional revisions are priced accordingly and determined upon request. Because of the significant time and effort involved in creative projects, there will be no refunds. Clients are responsible for any remaining balances owed.

It is understood that Erickson Film & Design is not liable for the loss of any videotape or any similar material due to defective qualities.

I have read and understand the terms of this agreement.

Name

Company Name (if applicable)