

### Contract for Services Rendered

This is a contract entered into by **Dealer Consulting Services of PA** (hereinafter referred to as "the Provider") and \_\_\_\_\_ (hereinafter referred to as "the Client") on this date,

The Provider's place of business is **5700 Derry Street, Harrisburg, PA 17111** and the Client's place of business is \_\_\_\_\_

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:

1. Consultation of items needed to obtain a car dealers' license in the state of Pennsylvania.(on a flat fee basis)
2. On Site visit (if needed) to proposed dealership location. (flat fee to be determined)
3. Assistance in obtaining items required by Commonwealth of PA for a car dealers' license, an additional charge will be required. (to be determined, if needed)
4. Any additional Consulting or Services required will be at a rate of \$50.00 an hour.

### Payment for Services Rendered

The Client shall pay the Provider a **25% down payment** of to be determined "flat fee" along with a signed contract between the Provider & the Client. **The remaining balance shall be payable at time of the visit by the Provider to the proposed location of the dealership along with any State Fees.**

Should the Client fail to pay the Provider the full amount specified in any invoice within **15** calendar days of the invoice's date, a late fee equal to **\$25.00** shall be added to the amount due on a monthly basis.

### Applicable Law

This contract shall be governed by the laws in the State of Pennsylvania 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:

\_\_\_\_\_  
(Printed Name of Client or agent)

\_\_\_\_\_  
(Printed Name of Provider or agent)

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

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