VIRTUAL ASSISTANT QUOTE FORM ~ SUNDRY SERVICES LLC

Date:
Client Name:
Address:
Phone:
Fax:
Need by Date:
Type of Assistance Needed (Please list as many details as possible):
TYPE: Individual Business
I agree that the above services will be provided for a quoted fee (stated below), however there may be unexpected time, fees, or materials needed that will be calculated upon the final billing:
I agree, that I will cover all search and or any additional time or otherwise related costs. The quoted cost provided above is accurate to the best of Sundry Services' knowledge, and I authorize Sundry Services LLC, to provide the above-listed services.
Client Signature:
Client Printed Name: