

NOLA'S ANGELES CONTRACT AGREEMENT

This Agreement is made between _____
(Client Name) and Nola's Angeles Senior Care 4735 Sepulveda Blvd., #246 Sherman Oaks, CA 91403.

Service to Be Performed

Client agrees to receive In-Home Care from Nola's Angeles Senior Care at their home address: _____

Hours of Operation

Hours offered may vary from: 4 hour shifts, 8 hour shifts, and up to 12 hour shifts. Depending on the Client's needs.

Compensation

In consideration for the services to be performed by Nola's Angeles, Client agrees to pay Nola's Angeles at the following rate: \$ _____.

Nola's Angeles shall be paid within a reasonable time after submitting an invoice to the Client. The invoice should include the following: invoice number, dates covered by the invoice, and a summary of the work performed.

Fees: The Rate Charge will be \$ _____ per hour for full time/part time care. And shall be made payable to Nola's Angeles.

Payments should be received:

Weekly _____ Bi-Weekly _____ Monthly _____

Late Fee: A one-time fee of \$25.00 will be charged for any late payments. Care will not be provided for clients with outstanding fees. Care will be reinstated when payment and late fees are paid in full.

Non-Sufficient Funds: \$25.00 will be charged for any NSF checks. And are due upon payment contract.

Terminating the Agreement

With reasonable cause, either the Client or Nola's Angeles may terminate this Agreement. Effective with a 12-Day written notice from the Client/Nola's Angeles.

Buy-Out

There will be a \$300.00 fee to buy-out a Caregiver with a written 12-Day notice from the Client. Including current payment due for services rendered.

This Agreement does not create a partnership relationship without a Buy-Out. Client does not have authority to enter into contract on Caregiver behalf.

This is the entire Agreement between Nola's Angeles and Client. This Agreement may be modified only in writing and signed by both parties.

This Agreement will become executed when signed by both parties

Signatures

Client: _____

First Name

Last Name

Initial

Date: _____

President/CEO: _____

First Name

Last Name

Initial

Date: _____

