



Comprehensive Subscription Services Agreement

This Agreement ("Agreement") is entered into on _____ (effective date) between Luce Collective | admin & notary and _____ ("Client").

1. Services: Provider will provide administrative, notary, and/or support services (the "Services") as requested by Client, within the scope of hours included in the selected subscription plan.

2. Subscription Plan: Client agrees to purchase a subscription of _____ monthly hours at a rate of \$_____ per month.

A. Unused hours will roll over up to the next month, maximum of _____ hours per month.

B. Additional hours beyond the subscription may be billed at \$_____ per hour.

3. Payment Terms: Subscription fees are billed [monthly in advance / on the first of each month]. Payments must be made by [ACH / credit card / Venmo / other]. Late payments may result in suspension of services until balance is paid.

4. Term & Renewal: This Agreement begins on the Effective Date and renews monthly unless terminated by either party with at least 30 (thirty) days written notice.

5. Service Standards: Provider will perform services in a timely and professional manner. Client understands that turnaround times depend on task complexity and availability within the subscription hours.

6. Client Responsibilities: Client agrees to:

A. Provide necessary information and materials in a timely manner.

B. Maintain accurate contact and billing information.

C. Understand that unused hours beyond the rollover period are forfeited.

7. Confidentiality: Provider agrees to keep Client's confidential information private and not share it with third parties without Permission.

8. Independent Contractor: Provider is an independent contractor and not an employee of Client.

9. Limitation of Liability: Provider is not liable for indirect, incidental, or consequential damages. Provider's total liability is limited to the amount paid by Client under this Agreement in the past 2 months.

10. Governing Law: This agreement shall be governed by the laws of the State of California.

Signatures

Client: _____

Date: _____

Printed Name: _____

Provider: _____

Date: _____

Printed Name: Darci A. Luce

INTERNAL USE ONLY

____ Copy to Client ____ Copy of ID (notary only) ____ Emergency Contacts ____ Client Portal Created ____ Login Sent