

The Investigative Offices of  
**Peach State Investigations, Inc.**

**CLIENT SERVICES AGREEMENT**

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, between  
Peach State Investigations, Inc (“Company“), and \_\_\_\_\_,  
 (“Client“), whose address is \_\_\_\_\_.

\_\_\_\_\_ 1. **RATES AND SERVICES:** Client agrees to retain Company, and Company agrees to perform certain investigative, consultation and/or testimony services on behalf of Client, as requested and authorized by Client, as follows:

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\_\_\_\_\_ 2. The hourly rate of \$ \$75.00 per hour, per 1<sup>st</sup> investigator, plus expenses and applicable fees, will be charged to the Client for the time spent performing any and all of the following services on behalf of the Client for “General Investigative” services rendered:

- \* Per-Investigation, Client Consultation and Coordination
- \* Telephone Conferences
- \* Investigation/ Surveillance (4-Hour Minimum)
- \* Client Consultation and Coordination during Assignment
- \* Preparation of Written Reports
- \* Post-Investigation, Client Consultation and Coordination
- \* Travel Time
- \* Equipment Installation and Extraction, if any
- \* Any other tasks necessary to perform the services requested and authorized by the Client not otherwise covered in this agreement

\_\_\_\_\_ 3. The hourly rate of \$ \$50.00 per hour, per 2<sup>nd</sup> investigator, plus expenses and applicable fees, will be charged to the Client for time spent performing any and all of the following services on behalf of the Client for General Investigations/ Surveillance as well as assisting other investigators involved with the case.

- \* Pre-Investigation, Client Consultation and Coordination
- \* Telephone Conferences
- \* Investigation/ Surveillance (4-Hour Minimum)
- \* Client Consultation and Coordination during the assignment
- \* Preparation of Written Reports
- \* Post-Investigation, Client Consultation and Coordination
- \* Travel Time
- \* Any other tasks necessary to perform the services requested and authorized by the Client not otherwise covered in this agreement

\_\_\_\_\_ 4. The hour rate of \$ \$75.00 per hour, per investigator, plus expenses and applicable fees, will be charged to the Client for time spent performing any and all of the following services on behalf of the Client:

- \* Testimony, Deposition or Trial, now or in the future, resulting from the services performed by the Company under this Agreement
- \* Preparation for Testimony
- \* Standby Time for Testimony
- \* Travel Time

\_\_\_\_\_ 5. **EXPENSES:** Expenses will be charged to and payable by the Client as follows:

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|---|------------------|
| * Mileage   | \$ .50 per mile  |
| * Copy Fee (in-house)                             | \$ .10 per copy  |
| * Copy Fees (other)                               | at cost          |
| * Fax Transmissions (long distance charge)        | \$1.00 per page  |
| * Long Distance Telephone Charges                 | \$.10 per minute |
| * Computer Database Expenses:                     | varies           |
| * Other Expenses (Lodging, Film, Video, Dev. etc) | varies           |

\_\_\_\_\_ 6. **FLAT RATE CHARGES:**

\$400.00 per half day. Price includes travel time to and from case, a total of 4 consecutive surveillance hours and mileage. Extra expenses and excess mileage are not covered.

\$650.00 per full day. Price includes travel time to and from case, a total of 8 consecutive surveillance hours and mileage. (Full day cases may be split up for and additional mileage charge) Extra expenses and excess mileage are not covered.

\*Extra Expenses: Event tickets, tolls, additional videotapes etc.

\*Excess Mileage: After arriving onsite, any miles over 50 per day to be billed at .50¢ per mile.

\_\_\_\_\_ 7. **REPORTS:** Company agrees to deliver to Client a Written Report, if requested, upon completion of all services to be performed under this agreement, and when the account is current. In the event the account becomes delinquent, an oral report shall be given to the Client, and from time to time as requested by the Client. Written Reports will only be given to Client's whose accounts are in good standing with the Company, and/or when the account is paid in full.

\_\_\_\_\_ 8. **TERMINATION:** This agreement may be terminated by Client or Company at any time by giving written notice to the other party at the addresses shown herein effective upon receipt by certified mail, return receipt requested. Upon termination for any reason, Client agrees to remit to Company payment in full for any services rendered pursuant to this agreement, plus expenses and applicable fees, which are incurred through the date of the termination.

\_\_\_\_\_ 9. **CONFIDENTIALITY-HOLD HARMLESS:** This agreement shall be governed by and interpreted in accordance with the laws of the State of Georgia. It is understood and agreed that Company cannot and does not guarantee success or the desired results from services rendered by Company pursuant to this agreement. This agreement shall become effective upon execution by both parties and with receipt pf the retainer required herein.

The Client agrees to indemnify, defend and hold harmless the Company, it's principles, employees, and/or their assigns harmless from and against any and all liability or expenses (including reasonable attorney fees), in connection with any claim by a third party arising directly or indirectly from any activity or services resulting from this agreement.

\_\_\_\_\_ 10. **CREDIT CARD PAYMENTS:** If I elect to pay for this service with a major credit card I understand that I am not eligible for any form of charge back once services are rendered. If there is a charge back granted by the credit card issuer, I understand that my payment is still my responsibility and expected in full after services have been rendered. I will be using a \_\_\_\_\_ Credit Card with the following card number \_\_\_\_\_ and Expiration Date of \_\_\_\_ / \_\_\_\_\_. If using a Visa Card the V-Code on the back of the card \_\_\_\_\_. My Billing statement goes to the following address:\_\_\_\_\_. I have authorized Peach State Investigations, Inc. to charge the card listed above with the following amount \$\_\_\_\_\_. I also agree by signing this, that I am the authorized card holder or authorized user on the account. I have read the above credit agreement and agree with its terms.

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_ 11. **RETAINER AND BILLING:** A non-refundable retainer in the amount of \$ \_\_\_\_\_ to be paid by Client to Company is required prior to commencement of any services to be performed by Company. In addition to the retainer, Client agrees to pay the balance, if any, and all other fees and expenses within thirty (30) days of the receipt of any invoice from Company. It is further understood and agreed, that a bookkeeping charge equal to 1.5% of the balance shall be added every thirty (30) days to all unpaid invoices which become thirty (30) days or more past due. If the account is placed for collection, or is collected by lawsuit or probate, Client agrees to pay any and all court costs, reasonable attorney fees and any other expenses necessary to enforce the terms of this agreement.

**CLIENT:**

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Signature of Client

Address of Client:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. of Client:  
\_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

**COMPANY:**

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Signature of Representative

Address of Company:

**110 Habersham Drive  
Fayetteville, Georgia 30214**

Telephone No. of Company:

**(770) 371-5047 Office**

**(404) 354-1711 Cell**