

This agreement between Acrobat Outsourcing, with its principal office located at 665 3<sup>rd</sup> Street, Suite 415, San Francisco, CA 94107 ("STAFFING FIRM"), and Paul Matthews ("CLIENT") for the event on December 15<sup>th</sup>, 2018 @ 3235 Gillham Plaza, Kansas City, MO 64109.

**Bill Rates:** Our bill rates include the employee's hourly wage, and all deductions required by State and Federal legislation -- including employer's contribution for FICA taxes, providing Unemployment and Worker's Compensation, liability insurance and fidelity bonding, San Francisco sick leave, health care and commuter ordinances as well as other deductions and benefits paid to our employees. Additionally, all administrative charges are covered, including preparation of W-2 forms at the end of the year.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------|
| <b>Position: 15<sup>th</sup>, 2018 @ 3235 Gillham Plaza, Kansas City, MO 64109</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                            |
| <b>Deposit charged 50% day before event</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                            |
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| <b>Bartender</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>\$ 25.00 per hour</b> | <b>(estimated deposit)</b> |

\*Acrobat Outsourcing observes the following holidays:

New Year's Day  
Easter Sunday  
Thanksgiving Day  
Memorial Day  
Independence Day

On these dates your normal bill rate will increase 1.5X.

Acrobat may, on occasion, increase the rates set forth in proportion to any legislatively-mandated new or increased cost, which may be required by federal, state, or local law commencing upon the effective date of such new or increased cost, such as FICA, State Unemployment Tax. Changes may also include any new or increased cost associated with the passage of a federal or state law mandating any benefits for employees. All qualified temporary employees in compliance with The Affordable Care Act. You will be assessed a minimal % ACA surcharge on every invoice. This rate can vary and is currently 2% of the invoice amount.

**Five-hour Minimum:** We require a five-hour minimum workday. If an employee is scheduled to work a minimum of five hours in one day and the employee is sent home in less than five hours due to a lack of work, the employee will be paid for five hours and THE CLIENT will be billed for five hours. Show-up: In the event you cancel the employee's assignment and the employee is already on his/her way to work, or at the location, the five hour minimum will be applied, and THE CLIENT will be billed for five hours.

**Cancellation of Event:** There will be a 50% cancellation fee of estimated hours for the Event if cancelled within 7 days of the scheduled start time. The parties agree that the minimum hours for the Event are 5. For Saturday, Sunday and Monday jobs all cancellations or order changes need to be received by Friday morning at 3 a.m. PST to avoid fees.

**Guarantee:** Acrobat Outsourcing guarantees that the assigned employees that the recruit and assign to CLIENT will have the qualifications CLIENT requests. If CLIENT finds any assigned employees' qualifications or general work-related behavior lacking and lets Acrobat know within one (1) hour, Acrobat will not charge for the first two (2) hours of the assignment and will make reasonable efforts to replace the assigned employee immediately.

**Employee Timesheets:** Acrobat Outsourcing pays its employees weekly. In order to accommodate this and ensure accurate invoicing, we utilize paper time sheets, which will be provided to you by your local staffing manager. These time slips will have the names of the staff reporting to your event or business as well as a place to indicate time in, time out and break time. The time slip requires the initials of the staff as well as the signature of the client to ensure the validity of the recorded time by all parties. After the shift, please return via email or by fax to your local staffing manager, the following business day.

**Employee Breaks:** Per Missouri labor laws an employee:

- must receive a 10 minute break for every 4 hours that they work provided the shift is at least 5 hours;
- must receive an uninterrupted 30 minute break after 5 hours, except when the workday will be completed in 5 hours or less and there is mutual employer/employee consent to waive the break period. If working more than 8 hours additional breaks must be provided

**Hiring an Acrobat Employee:** Should THE CLIENT wish to hire an Acrobat employee as a permanent employee, conversion fees and/or hiring fees will apply. Hiring options include:

- If THE CLIENT maintains the employee as an Acrobat employee for at least 180 days with a minimum of 1,040 hours worked then THE CLIENT can hire the Acrobat employee with a Conversion fee of \$0. THE CLIENT must notify Acrobat Outsourcing if they decide to hire an employee.

- THE CLIENT may hire any Acrobat employee working less than 180 Days and 1,040 hours after paying a Temporary-to-Hire Conversion fee to Acrobat for each employee. The Temporary-to-Hire Conversion fee is \$5,000.

- If the employee is a candidate for immediate hire, Acrobat will assess a Direct Hire fee.

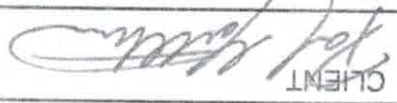
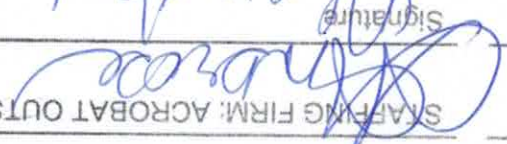
#### **Payment Terms:**

A 50% deposit will be charged to CLIENT credit card prior to the event. Following the event and upon validation of the completed timesheet, CLIENT credit card will be charged automatically for the balance. A copy of the paid invoice will be provided to CLIENT reflecting the charged amount of credit card. CLIENT agrees to inform Acrobat Outsourcing in advance should there be any changes to CLIENT credit card information. All invoices are Due Upon Receipt.

**Finance Charges:** CLIENT agrees to pay interest on any unpaid balances after thirty (30) days from the date of the invoice, at the compounded rate of 1.5% per month (Annual Percentage Rate of 18%) or the maximum legal rate, whichever is lower, calculated from the date of the invoice.

**Term of Agreement:** The Agreement may be terminated by either party upon 30 days written notice to the other party, except that if a party becomes bankrupt or insolvent, discontinues operations, or fails to make any payments as required by the Agreement, either party may terminate the agreement upon 24 hours written notice. No provision of this Agreement may be amended or waived unless agreed to in writing signed by the parties.

Authorized representatives of the parties have executed this Agreement below to express the parties' agreement to its terms. The provisions of this Agreement will inure to the benefit of and be binding on the parties and their respective representatives, successors, and assigns.

|                                                                                       |                                                                                     |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| CLIENT                                                                                | STAFFING FIRM: ACROBAT OUTSOURCING                                                  |
|  |  |
| Signature                                                                             | Signature                                                                           |
| Paul Matthews                                                                         | Alicia Ambrose                                                                      |
| Printed Name                                                                          | Printed Name                                                                        |
| Groom & Wedding Event                                                                 | Client Sys Mgr.                                                                     |
| Title                                                                                 | Title                                                                               |
| 11/20/2018                                                                            | 11/14/18                                                                            |
| Date                                                                                  | Date                                                                                |

Agreement Provided By: Alicia Ambrose

## CREDIT CARD BILLING AUTHORIZATION FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CREDIT CARD BILLING INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                         |
| Company Name/DBA:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                         |
| Authorized Signer:                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Paul G. Matthews                                                                                                                                                                        |
| Credit Card Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Visa<br><input type="checkbox"/> MasterCard<br><input type="checkbox"/> Amex<br><input type="checkbox"/> Discover / Novus<br>Other, please specify: |
| Credit Card Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4037 6600 4760 3055                                                                                                                                                                     |
| Enter CVC number:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Last 3 digits from the back of card: 292                                                                                                                                                |
| Expiration Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 03/19                                                                                                                                                                                   |
| Billing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16013 W 145th Tr.                                                                                                                                                                       |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Olathe                                                                                                                                                                                  |
| State/Province:                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Kansas                                                                                                                                                                                  |
| Zip/Postal Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 66062                                                                                                                                                                                   |
| Country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | U.S.A                                                                                                                                                                                   |
| Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 913.980.8537                                                                                                                                                                            |
| Fax Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                         |
| PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                         |
| Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Acrobat Outsourcing's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to leni@acrobatoutsourcing.com.<br>Changes in the status of this card can also be reported to leni@acrobatoutsourcing.com. |                                                                                                                                                                                         |

Authorized Signature:



Date:

11/20/2018

## New Client Info Form

Date: November 30, 2018

### COMPANY INFORMATION:

Company Name: The DeLeon / Ernest Matthews Website: the.deleon.net  
Type of Company: Wedding

- ☐ Conference Planner
- ☐ Event Production
- ☐ Food Production or Demo
- ☐ Education
- ☒ Event Facility
- ☐ Caterer
- ☐ Restaurant
- ☐ Corporate Cafeteria
- ☒ Organization: Wedding

### LOCATION

Please provide venue name, address and specific meeting room or check in procedure:

The DeLeon Event Space + Chapel  
3235 Gilliam Plaza, Kansas City, MO 64109  
Jodie and/or Eric DeLeon will meet you to ensure that you get to where you need to be.

Are there parking options?

Parking for vendors and staff in North lot

### STAFFING NEEDS

Select the positions you are likely to need at some point:

- ☐ Concierge/Information Clerk
- ☐ Registration Cashiers/Customer Service
- ☐ Materials Production
- ☐ Room/Line Monitors
- ☐ Event Help
- ☒ Other: Bar tender

Uniform or Attire:

What dress code would best be suited to the event or assignment?

Semi-formal to black tie. Please have staff members arrive in clothing with a colored shirt and tie (if appropriate)

What dress code would best be suited to the event or assignment?

See above.

# CONTACTS

Primary Contact (we will email timesheets to this contact before each job)

Printed Name: Paul Matthews Position: Groom of Wedding Event  
Phone: — Cell: 913.980.8537 Fax: —  
Address: 16013 W 145<sup>th</sup> Tr. City: Olathe Zip: 66062  
Email: pgmatth89@gmail.com

## Invoice Contact

We email invoices to save paper, but if you prefer another method please indicate:  
☒ Email is perfect ☐ Prefer fax ☐ Prefer postal mail

☒ same as above info

Printed Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## Other Contacts

If there are others in your office who may place orders on this account please indicate:

1) Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_