



## THE SERVICE COMPANIES

### The Service Companies Services Agreement

This agreement between The Service Companies, with its principal office located at 14750 NW 77<sup>th</sup> Court, Suite 100, Miami Lakes, FL 33016 ("STAFFING FIRM"), and Marguerite Haas ("CLIENT"), for the event on December, 25th, 2019, located **10042 Lost Hollow Lane, Missouri City, Texas 77459**

**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.

Position	Bill Rate
Dish/Utility	\$35.00 per hour
<i>*The Service Companies observes the following Holidays:</i> New Year's Day                      Labor Day Easter Sunday                      Thanksgiving Day Memorial Day                      Christmas Day Independence Day <i>On these dates your normal bill rate will increase 1.5X.</i>	

The Service Companies 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.

**Four-hour Minimum:** We require a four-hour minimum workday. If an employee is scheduled to work a minimum of four hours in one day and the employee is sent home in less than four hours due to a lack of work, the employee will be paid for four hours and THE CLIENT will be billed for four 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 four-hour minimum will be applied, and THE CLIENT will be billed for four hours.

**Cancellation of Event:** There will be a 50% cancellation fee of estimated hours for the Event if cancelled within 36 hours 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 9 a.m. PST to avoid fees.

**Guarantee:** The Service Companies guarantees that the assigned employees that they recruit and assign to CLIENT will have the qualifications CLIENT requests. If CLIENT finds any assigned employee's qualifications or general work-related behavior lacking and lets The Service Companies know within one (1) hour, The



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## New Client Info Form

Date: 12/23/19

### COMPANY INFORMATION:

Company Name: Marguerite Haas Website: \_\_\_\_\_

Type of Company:

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

### LOCATION

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

same address on front of contract

Are there parking options? carrel.

### 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 \_\_\_\_\_

Uniform or Attire:

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

black polo w/ black slacks & black nonship shoes

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

## CONTACTS

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

Printed Name: Marguerite Haas Position: \_\_\_\_\_

Phone: 281-778-5985 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: 10042 West Hollow Lane City: Missouri City Zip: 77459

Email: \_\_\_\_\_

## 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: \_\_\_\_\_ Position: \_\_\_\_\_

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: \_\_\_\_\_



Service Companies 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:** The Service Companies 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.

**Payment Terms:** Qualified CLIENTS who provide good credit references to The Service Companies will be granted terms. ALL invoices are Due Upon Receipt.

**Finance Charge:** 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.

Marguerite Haas  
CLIENT  
Marguerite Haas  
Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title  
12-20-19  
Date

STAFFING FIRM: THE SERVICE COMPANIES

C. Mark  
Signature  
Claudia Mark  
Printed Name  
Business Development Manager  
Title  
12/23/19  
Date

Agreement Provided By: Heather Dailey