

THE SERVICE COMPANIES

The Service Companies Services Agreement

This agreement between Acrobat Outsourcing, a wholly-owned subsidiary of The Service Companies, Inc., with its principal office located at 303 Hegenberger Road, Suite 300, Oakland, CA 94621 ("STAFFING FIRM"), and Randy Peters Catering located at 105 Vernon Street Roseville CA 95678 ("CLIENT"), is made effective as of October 30th, 2019 and will continue for a period of 1 year until October 30th, 2020. This contract will automatically renew after 1 year, if no notice given.

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, and commuter ordinances as well as other deductions and benefits paid to or on behalf of our employees such as the required San Francisco Health Care Security Ordinance (HCSO) hourly expenditure per employee. Additionally, all administrative charges are covered, including preparation of W-2 forms at the end of the year.

Position	Hourly Rate								
Server Staff	\$26.95								
Bartender Staff	\$26.95								
Dish / Utility Staff	\$24.95								
Prep Cook Staff	\$26.95								
Grill / Line Cook Staff	\$27.95								
Captain Staff	\$32.95								
<p>* STAFFING FIRM observes the following Holidays:</p> <table> <tr> <td>New Year's Day</td><td>Labor Day</td></tr> <tr> <td>Easter Sunday</td><td>Thanksgiving</td></tr> <tr> <td>Memorial Day</td><td>Christmas Day</td></tr> <tr> <td>Independence Day</td><td></td></tr> </table> <p>On these dates your normal bill rate will increase 1.5X.</p>		New Year's Day	Labor Day	Easter Sunday	Thanksgiving	Memorial Day	Christmas Day	Independence Day	
New Year's Day	Labor Day								
Easter Sunday	Thanksgiving								
Memorial Day	Christmas Day								
Independence Day									

STAFFING FIRM 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.

Health Care Security Ordinance (HCSO): STAFFING FIRM intends to be in compliance with the San Francisco HCSO and the Affordable Care Act. STAFFING FIRM either provides medical benefits or contributes to an irrevocable reimbursement account in accordance with the HCSO.

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 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: STAFFING FIRM 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 STAFFING FIRM know within one (1) hour, STAFFING FIRM 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: STAFFING FIRM 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 California labor laws an employee: a. must receive a 10-minute break for every 4 hours that they work provided the shift is at least 5 hours;
b. must receive an uninterrupted 30-minute break after 5 hours, except when the workday will be completed in 6 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 a STAFFING FIRM Employee: Should THE CLIENT wish to hire an employee of STAFFING FIRM as a permanent employee, conversion fees and/or hiring fees will apply. Hiring options include:

1. If THE CLIENT maintains the employee as an employee of STAFFING FIRM for at least 90 days with a minimum of 520 hours worked then THE CLIENT can hire STAFFING FIRM's employee with a Conversion fee of \$0. THE CLIENT must notify STAFFING FIRM if they decide to hire an employee.
2. THE CLIENT may hire any employee of STAFFING FIRM working less than 90 Days and 520 hours after paying a Temporary-to-Hire Conversion fee to STAFFING FIRM for each employee. The Temporary-to-Hire Conversion fee is \$6,500.

Payment Terms: Qualified CLIENTS who provide good credit references to STAFFING FIRM 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.

Lisa Peters Randy Peters Catering Acrobat Outsource + Event Center	
CLIENT	STAFFING FIRM: ACROBAT OUTSOURCING
	
Signature	Signature
Lisa Peters	Michelle Horne
Printed Name	Printed Name
	Operations Manager
Title	Title
11-13-19	11/21/19
Date	Date

Agreement Provided By: Lisa Powers

THE SERVICE COMPANIES

New Client Info Form (or update)

Date: October - 2019

COMPANY INFORMATION:

Company Name: Randy Peters Catering Website: www.randypeterscatering.com
Type of Company: Event Center

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

LOCATION (if different locations, please list top 5 locations)

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

105 Vernon St. Roseville CA 95678
Willow Ballroom
Union Brick
Library Gallery

Are there parking options? YES

Willing to pay for Transportation, if needed for staff? Y / N

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?

See Attached Dress Code

CONTACTS

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

Printed Name: Lisa Peters Position: owner

Phone: 916 726-2339 Cell: 916 759-4728 Fax: 916 726-7461

Address: 105 Vernon St. City: Roseville Zip: 95678

Email: Lisa@randypeterscatering.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: Same as above Position: _____

Phone: _____ Cell: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Email: _____

Other Contacts - Always cc her too.

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

1) Printed Name: Janeen Williams Position: Asst.

Phone: 916 726-2339 Cell: — Fax: 916 726-7461

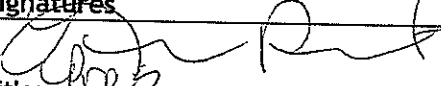
Email: Janeen.Williams@randypeterscatering.com

THE SERVICE COMPANIES

SERVICE. ABOVE ALL

Credit Application for a Business Account

Business Contact Information			
Title: <i>Pres/owner</i>			
Company name/DBA: <i>Think Outside the Box, Inc. DBA Randy Peters Catering & Event Center</i>			
Phone: <i>916 726-2339</i>	Fax: <i>916 726-7461</i>	Email: <i>lisa@randypeterscatering.com</i>	
Registered company address:			
City: <i>105 Vernon St Roseville</i>		State: <i>CA</i>	ZIP Code: <i>95678</i>
Date business commenced: <i>2005</i>			
Sole proprietorship:	Partnership:	Corporation: <i>X</i>	Other:
Business and Credit Information			
Primary business address: <i>105 Vernon St</i>			
City: <i>Roseville</i>		State: <i>CA</i>	ZIP Code: <i>95678</i>
How long at current address? <i>3 years</i>			
Telephone: <i>916 726-2339</i>	Fax: <i>916 726-7461</i>	E-mail: <i>lisa@randypeterscatering.com</i>	
Bank name: <i>JP Morgan Chase</i>			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number		
Savings			
Checking			
Other			
Business/Trade References			
Company name: <i>US Foods</i>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name: <i>General Produce</i>			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Agreement			
1. All invoices are to be paid 30 days from the date of the invoice.			
2. Claims arising from invoices must be made within seven working days.			

3. By submitting this application, you authorize Acrobat Outsourcing, a wholly-owned subsidiary of The Service Companies, Inc., to make inquiries into the banking and business/trade references that you have supplied.	
Signatures	
 Title: <u>Pres</u> Date: <u>11-13-19</u>	Title: Date:

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SERVICE. ABOVE ALL

Credit Card Billing Authorization Form

Credit Card Billing Information	
Company name / DBA:	Randy Peters Catering & Event Center
Authorized Signer:	Lisa Peters
Credit Card Type:	Visa <input checked="" type="checkbox"/> MasterCard [] Amex [] Discover/Novus [] Other, please specify:
Credit card number:	
Enter CVC Number	Last 3 digits from back of card:
Expiration Date:	
Billing Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Phone Number:	
Fax Number:	
Please select one of the payment options	
Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at The Service Companies' discretion if any changes are declined or charge backs are claimed against any outstanding invoiced balance. Disputes to amounts invoiced should immediately be reported to AR@acrobatsourcing.com Changes in the status of this card can also be reported to AR@acrobatsourcing.com .	

Authorized Signature: _____

Date: 11-13-19