



## Interpretation Services Client Agreement

| Client Information              |
|---------------------------------|
| Company Name:                   |
| Contact Person:                 |
| Address:                        |
| Email:                          |
| Phone Number:                   |
| Billing Address (if different): |
| Billing Contact (if different): |

| Terms, Conditions, and Charges   |   |
|--|---|
| Hourly Fees:   | \$50 per hour during normal business hours 8am to 6pm Monday through Friday. Minimum 1 hour. \$60 per hour outside of normal business hours. Minimum 1 hour. This includes travel time within a 20 mile radius from our office at 15203 Detroit Ave., Lakewood, OH 44107. Locations outside this radius may incur additional travel charges of \$5 per hour. Time starts upon arrival and check-in at the location and ends when the interpreter leaves the facility. |
| Notice of Service:   | Services must be requested 3 business days in advance, and a confirmation will be sent within 1 business day confirming availability of an interpreter. Rush requests will be accommodated depending on interpreter availability.   |
| Cancellation Policy:   | All cancellations of services contracted by the Client require written notice. If cancelled in 24 business hours or less, the minimum hours or estimated length of time if over 1 hour will be due. Cancellations outside normal business hours will be billed as next business day.  |
| Duration:  | Unless otherwise agreed in writing, this Agreement will remain in effect for two years. At the end of the initial two year term, this Pricing Agreement will automatically renew for an additional one year unless and until terminated by either party.  |
| <b>I, agree to the terms and conditions in this agreement on behalf of the above company/client.</b> |   |
| Signature:   | Date:   |
| Print Name:  | Title:  |

| Payment Details            |  |
|----------------------------|--|
| Payment Method:            | <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card              |
| Amount:                    |  |
| Credit Card Details:       | CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover |
| Name on Card:              |  |
| Card Number:               |  |
| Billing Address:           |  |
| Expiration Date (MM/YYYY): |  |
| Payment Signature:         | Date:  |