



INVESTIGATIVE ASSOCIATES, INC.

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Specializing in Corporate, Legal & Financial Investigations

Certified Fraud Examiner Licensed Private Investigator

CLIENT SERVICES AGREEMENT for GENERAL INVESTIGATIONS

This agreement is made this ____ day of _____, 20__, between Investigative Associates, Inc. ("IAI"), and _____ ("Client") whose address is _____.

Rates and Services: Client agrees to retain IAI, and IAI agrees to perform investigative services on behalf of Client, as requested and authorized by Client, as follows:

The hourly rate of **\$125.00 per hour**, per investigator, plus expenses and applicable sales tax, will be charged to Client for time spent performing any and all of the following services on behalf of Client for **General Investigations Services:**

- General investigations
- Pre-investigation Client consultations and coordination
- Telephone conferences
- Client consultations and coordination during the assignment
- Review of all depositions, reports, documents, photographs and all other related items
- Preparation of written reports
- Post-investigation Client consultations and coordination
- Travel time on all assignments
- Any other tasks necessary to perform the services requested and authorized by Client not otherwise covered in this agreement

The hourly rate of **\$250.00 per hour**, per investigator, plus expenses and applicable sales tax, will be charged to Client for time spent performing any and all of the following services on behalf of Client:

- Testimony, in deposition or trial, now or in the future, resulting from the work performed by IAI under this agreement

Client Initials: _____

- Preparation for testimony
- Review of all depositions, reports, documents, photographs and all other related items
- Standby for testimony
- Travel time on all assignments

Expenses: Expenses will be charged to and payable by the Client as follows:

- | | |
|---|--------------------|
| • Mileage | \$.50 per mile |
| • Copy fees (in-house) | \$.10 per copy |
| • Copy fees (other) | at cost |
| • Fax transmissions (Transmitted long distance) | \$1.00 per page |
| • Long distance telephone expense | \$.50 per minute |
| • Computer database expense | varies |
| • Other expenses | at cost |
| • Sales tax | as required by law |

Sales Tax: Sales Tax will be billed to Client in the manner and at the rate as required by applicable law at 8.25% of all services rendered and all expenses billed.

Retainer and Billing: A non-refundable retainer in the amount of \$ _____ to be paid to IAI by the Client is required prior to the commencement of any services to be performed by IAI. This retainer, if any, is hereby paid in the following manner:

- ___ Cash
- ___ Money Order Number: _____
- ___ Check Number _____, dated ____/____/____

In addition to the retainer, Client agrees to pay the balance, if any, of all fees, expenses and sales tax within thirty (30) days of the receipt of any invoice from IAI. It is further understood and agreed that a bookkeeping charge equal to 1.5% of the balance shall be added every thirty days (30) days to all unpaid invoices which become thirty (30) or more days past due. If the account is placed in the hands of an attorney for collection or is collected by suit or through 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.

Reports: IAI agrees to deliver to Client a written report, if requested, upon completion of all services to be performed under this agreement, or from time to time as requested by Client.

Termination: This agreement may be terminated by Client or by IAI at any time by giving written notice to the other party at the addresses shown herein, effective upon receipt. Upon termination for any reason, Client agrees to remit to IAI payment in full for

all services rendered pursuant to this agreement, plus expenses and applicable sales tax that are incurred through the date of the termination.

Confidentiality: This agreement shall be governed by and interpreted in accordance with the laws of the State of Texas. It is understood and agreed that IAI cannot and does not guarantee success or the desired results from services rendered by IAI pursuant to this agreement. This agreement shall become effective upon execution by both parties and with receipt of the retainer required herein.

CLIENT:

IAI:

Printed Name of Client

Douglas O. Crewse, CFE
President/General Manager

Signature of Client

Job Title

Client Company Name & Address:

Phone: (____) _____ Fax: (____) _____ email: _____

Client Residence Address: [for personal client services]

Client Date of Birth: ____ / ____ / ____ Client Social Security Number: _____

Client Driver's License Number: _____ State: _____

Client email address: _____

Residence phone: (____) _____ Work phone: (____) _____

Investigative Associates, Inc. is licensed and regulated by the Texas Department of Public Safety, Private Security Bureau, P.O. Box 4087, Austin, Texas 78773 (512) 424-7710.

For Arkansas clients: Investigative Associates, Inc. is licensed and regulated by the Arkansas Board of Private Investigators and Private Security Agencies, #1 State Police Plaza Drive, Little Rock, AR 72209 (501) 618-8600.