

Arkk Associates, LLC

Consulting Fee Form

(all fields that apply must be filled in)

Company Name _____
(if no company name yet, insert your name)

Address: _____

City _____ State _____ Zip _____

Your Name _____

Telephone# _____

Fax# _____

Email _____

This fee is for the consulting services of Arkk Associates.

This fee includes telephone and or email access for any questions you might have about the subject you have engaged Arkk for. These consultation services are for up to 1 hour per day for a period of up to 20 days, from Arkk's receipt of your check and Arkk's first telephone call.

Date _____

Authorized Signature _____

Check# _____

Please print this form and mail it along with your check in the amount of \$500.00 to:

Arkk Associates, LLC
PO Box 702
Flat Rock, NC 28731