

Arkk Associates, LLC

Product Sourcing 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 _____

Bank _____

Bank contact _____ Tel# _____

Credit References (3)

Please see Fee Explanation Page

Enclosed is my check in the amount of \$500.00.

This fee is for the consulting services of Arkk Associates.

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**