



Gold Health and Safety Consulting, Inc.
4001 Inglewood Ave., Suite 101-292, Redondo Beach, CA 90278
(310) 219-1955 · (310) 219-1934 - F

CONSULTING SERVICES AGREEMENT AND RECEIPT

GSC Job Number: _____

Client Name: _____

Client Address: _____

Client Phone : _____ **Fax or Email:** _____

Client desires to retain Gold Health & Safety Consulting, Inc. as its agent to complete the following consulting services:

Service/Property Address:

SERVICE FEES: Time and Materials (See GSC's current rate sheet)
 Fixed -Bid: _____
 Other: _____

INSPECTION DATE: _____ **REFERAL SOURCE:** _____

Additional Terms of this agreement are printed on the reverse side of this page. By signing in the space provided below, Client hereby agrees to all the terms of this Agreement and above stated pricing:

Client Name **Client Signature** **Date** **Gold Health & Safety Consulting** **Date**

Form of Payment: Cash Check Credit Card Invoice Net 15

Credit Card Type: _____ **Credit Card Number:** _____ **Exp:** _____

Credit Card Client Name: _____ **CCV:** _____

Credit Card Billing Address: _____

Paid **Date:** _____ **Amount of Payment Received: \$** _____
