

3505 Veterans Highway Suite O  
Ronkonkoma, NY 11779

(631) 617-5060

**Consultation Agreement**

|  |  |  |
| --- | --- | --- |
| Prospective Client: | ~Company Name~ | |
|  |  | |
| Date: | 5/6/2014 |  |

This Consultation Agreement sets forth the terms and conditions of the initial consultation meeting between Juiced Technologies, Inc. (“we” or “us”) and the undersigned prospective client(s) (“you”):

1. Purpose.

The purpose of the consultation is for …...

1. Confidentiality.

All information and documents that you provide to us at the initial consultation shall remain strictly confidential, whether or not you decide to retain us to provide consulting services, except as authorized by you.

1. Limited Scope.

No client relationship is intended to be established by the initial consultation. The initial consultation is a limited scope service provided by us to help you determine whether you may want to retain us to provide consulting services. At the conclusion of the initial consultation, there is no obligation for you to retain us, nor do we have an obligation to provide services to you, unless mutually agreed.

1. Engagement Agreement Required.

Following the initial consultation, if you agree to retain us, and if we agree to provide services to you, then we will prepare a separate, more detailed Engagement Agreement to be executed by both parties. The new Engagement Agreement will supersede this Initial Consultation Agreement and will set forth the terms and conditions of our representation of you, including our fees and the specific services to be performed by us.

**By signing this document below, I agree to the terms and conditions set forth above concerning my initial consultation meeting, and I understand that this meeting is limited in scope and will not establish a client relationship with AQB, Inc.**

Prospective Client Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solution Provider of Record Authorization

This letter is to formally request Intuit’s records to be changed to reflect that the above named company become our current Intuit Solution Provider of Record. I understand that my Solution Provider of Record is now authorized as my primary Intuit-certified local contact and be responsible for servicing my account.

QuickBooks Software Information

Current QuickBooks Version: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Press f2 in QuickBooks to get this information)