

CHERRY WAY DOCUMENT PREPARATION SERVICES

VI. Services Agreement (Continued)	
5. Service Rates/Fees/Expenses:	Compensation Expenses: <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Compensation Rate: \$ _____ Per _____ Travel Expenses: <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Travel Fees: \$ _____ Per _____ Maximum Compensation: \$ _____ Per _____
VII. Material Transfer Agreement	
1. Who will receive the materials?	<input type="checkbox"/> First Party <input type="checkbox"/> Second Party
2. For what purpose?	_____
3. Will confidential information be disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Decided
4. Describe products and quantities to be transferred:	First Party: _____ Second Party: _____
5. Materials shipped outside US?	<input type="checkbox"/> Yes <input type="checkbox"/> No Country: _____
VIII. Power of Attorney Agreement	
<b style="color: red;">Indicate name and address of attorney-in-fact, two (2) witnesses and terms of attorney-in-fact's powers. If Healthcare, also indicate primary physician, organ donations, etc.: _____ _____	
IX. Bill of Sale Agreement	
<b style="color: red;">Specify purchase date, anticipated sell date, purchase terms, description of item, color, size, distinguishable numbers, price or other type of consideration, etc.: _____ _____	
X. Additional Comments or Information	
<b style="color: red;">Specify any additional terms/comments: _____ _____ _____ _____	
XI. Contract/Agreement Signatures	
1. First Party Name and Title:	First Party's Name: _____ First Party's Title: _____
2. Second Party Name and Title:	Second Party's Name: _____ Second Party's Title: _____