

## Provider Agreement

**ONE REQUIRED  
PER CLIENT**

\_\_\_\_\_ (write client name), hereafter referred to as Client, and  
\_\_\_\_\_ (write vendor name), hereafter referred to as Provider,  
do hereby enter into the following agreement:

The Client requires the following tasks and duties to be performed by the Provider:

The Provider agrees to provide/arrange for training as described below:

The Provider agrees to perform the tasks as outlined above according to the following schedule:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Other: \_\_\_\_\_

Services will be provided at the rate of \$\_\_\_\_\_ per  Hour  Day  Week  One Time

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Provider FEIN: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_