



CLIENT AGREEMENT

Onboarding Fee: \$595 (One time only)

Client Retainer Fee: \$3,950 per year, billed semi-annually Spring and Fall
\$1,975 (January 1); \$1,975 (July 1). Split payment option (2 monthly payments of \$987.50)
Plus \$250 per additional store each billing period

Application Processing: Your completed profile will be reviewed upon receipt. We will schedule a telephone call to discuss the content of profile and the goals you wish to achieve with the help of The Garden Center Group services. Acceptance is not guaranteed. Geographical limitations may apply. Ask for more details.

Payment for the Application/Processing Fee of \$595.00 is required with this application. Upon acceptance you will receive a retainer invoice for the current billing period. Retainer may be pro-rated based on date of application. If your application is declined for any reason the entire payment will be returned.

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Please Read and Initial Each Line Below

_____ I understand that participation in services of The Garden Center Group is voluntary and requires my active involvement. I accept responsibility for my participation knowing that the benefits are in proportion to the level participation and the actions I take to implement what I learn.

_____ I agree that any information I receive is confidential for my own use in my company, and is to be given reasonable protection and is not to be shared outside of my company without prior permission. This also applies to any information I receive about other Clients of The Garden Center Group.

_____ I agree that any information or advice I receive from The Garden Center Group, Service Providers or Preferred Vendor will be taken under consideration and used completely at my own expense and risk.

_____ I understand that invoices are expected to be paid on time to assure continued services.

Signature: _____ Date: ____ / ____ / ____

Printed Name: _____

Mail or fax one signed copy with completed application and fee. Retain one copy for your records.



CREDIT CARD AUTHORIZATION

I, _____ (name as it appears on credit card), hereby authorize The Garden Center Group, LLC to charge my credit card account as noted below. I certify that I am the authorized holder and signer of the credit card referenced above and that all information is complete and accurate. I understand that The Garden Center Group will keep all information on this form strictly confidential and secure.

Type of Credit Card: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ CVC Code (on the back, or front for AX) _____

CREDIT CARD BILLING INFORMATION:

Card Member Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Mailing Zip Code: _____

Telephone: _____

Please email credit card payment receipt to: _____

PAYMENT TYPE: Please initial the payment type below.

_____ **One time payment in the amount of \$** _____

I hereby authorize The Garden Center Group LLC to charge my credit card one time for the amount indicated above.

_____ **Recurring payment for** ☐ Semi-Annual Retainer ☐ Mystery Shops

I hereby authorize The Garden Center Group LLC to charge my credit card for the services indicated above for the amount invoiced. I understand I will receive a copy of the invoice and payment receipt after processing.

Cardholder's Signature _____ Date: _____

*Complete this form and return to The Garden Center Group office (see contact info below).
For security purposes, we do not recommend emailing this form with your credit card information.
If you prefer you can fax the form to us at 678.909.7771 or call us with the credit card information.*