CONTRACT FORM

CLIENT INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Project Location (if different from above): _____

_____

Phone: Res. _____ Bus. _____ Fax: _____

Description of services to be provided:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Fee: _____

GST: _____

Deposit: _____

Sub-Total: _____

Due on commencement: _____

Due on completion: _____

(See reverse for complete payment details)

Member of:

Landscape Ontario
HORTICULTURAL TRADES ASSOCIATION

Accepted on behalf of client:
We understand the above project will be completed subject to the Terms and Conditions as stated on the reverse of this contract:

Name (print) _____

Date _____

Signature _____

Accepted on behalf of contractor:

Name (print) _____

Date _____

Signature _____