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**COMPANY NAME HERE**

Consultant Request

Date \_\_\_\_ / \_\_\_\_ /04

Consultants name: \_\_\_\_\_

SSN: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Does the consultant have a business license? Yes \_\_\_\_\_ No \_\_\_\_\_

Consultant will be retained regarding the following subject area:

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

Consultant will be retained for the specific purpose of:

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

Term of consulting agreement: \_\_\_\_\_ Commencing: \_\_\_\_\_

Consultant will devote at least \_\_\_\_\_ per \_\_\_\_\_.

(example, One hour per day, Two days per week, NA per NA)

Not to exceed: \_\_\_\_\_