

# Consulting Partnership Terms and Conditions

**Date:** [Insert Date]

**From:** [Consultant Name]  
[Consultant Address]  
[City, State, Zip]  
[Email Address]  
[Phone Number]

**To:** [Partner Name]  
[Partner Address]  
[City, State, Zip]  
[Email Address]  
[Phone Number]

## 1. Introduction

This document outlines the terms and conditions of the consulting partnership between [Consultant Name] and [Partner Name].

## 2. Scope of Services

[Detail the services to be provided by the consultant.]

## 3. Compensation

[Specify the payment terms, rates, and schedules.]

## 4. Confidentiality

Both parties agree to maintain confidentiality regarding proprietary information.

## 5. Duration

This agreement shall commence on [start date] and shall continue until [end date].

## 6. Termination

Either party may terminate this agreement with [number] days written notice.

## 7. Governing Law

This Agreement shall be governed in accordance with the laws of [State/Country].

By signing below, both parties agree to the terms and conditions outlined in this document.

---

[Consultant Name]

[Date]

---

[Partner Name]

[Date]