# **Contractual Agreement for IT Testing Services**

Date: [Insert Date]

#### **Parties:**

[Client Name] [Client Address] [Client Email] [Client Phone Number]

and

[Service Provider Name] [Service Provider Address] [Service Provider Email] [Service Provider Phone Number]

#### 1. Scope of Services

The Service Provider agrees to provide IT testing services as outlined in the attached Scope of Work document (Appendix A).

### 2. Payment Terms

The Client agrees to pay the Service Provider a total fee of [Insert Amount] as detailed in Appendix B.

### 3. Duration of Agreement

This Agreement shall commence on [Insert Start Date] and shall continue until [Insert End Date], unless terminated earlier as provided herein.

### 4. Confidentiality

Both parties agree to maintain the confidentiality of information exchanged during the course of this agreement.

# 5. Signatures

In witness whereof, the parties hereto have executed this agreement on the date first above written.

Client Signature: \_\_\_\_\_\_ Service Provider Signature: \_\_\_\_\_\_

## **Appendix A: Scope of Work**

[Detailed description of IT testing services]

## **Appendix B: Payment Breakdown**

[Detailed payment terms and schedule]