

Professional Services Retention Agreement

Date: [Insert Date]

[Client's Name]

[Client's Address]

[City, State, Zip Code]

Dear [Client's Name],

We are pleased to confirm our agreement to provide professional services to you. This letter outlines the terms and conditions of our retention agreement:

Scope of Services

We agree to provide the following services: [Describe services here].

Duration

This agreement shall commence on [Start Date] and shall continue until [End Date] or until terminated by either party with [Number of Days] days' written notice.

Fees

The fees for our services will be [Insert Fee Structure]. Payment is due within [Number of Days] days of invoice receipt.

Confidentiality

Both parties agree to maintain the confidentiality of any proprietary information exchanged during the term of this agreement.

Governing Law

This agreement shall be governed by the laws of [State].

If you are in agreement with the terms outlined above, please sign below and return a copy to us.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Address]

[City, State, Zip Code]

Acceptance

I, [Client's Name], hereby accept the terms of this Professional Services Retention Agreement.

Signature

Date: _____