

Business Development Consulting Services Agreement

Please fax completed form to 714-505-8035
Or scan and email to smoeller@businessvisions.com

BUSINESS DEVELOPMENT CONSULTANT: Steve Moeller

CLIENT NAME: _____

COMPANY: _____

ADDRESS: _____

CITY _____ State _____ Zip Code _____

Phone: _____ Cell Phone _____ Fax: _____

Primary Email: _____ Alt Email _____

Broker/Dealer _____ (or) Primary Custodian _____

1. This agreement is entered upon this _____ day of _____, 200__ between the client named above (Client) and American Business Visions, LLC (ABV). Individual coaching/consulting services will be provided by Steve Moeller (Consultant).
2. **INTENTION:** Client wishes to purchase business development Consulting services for building a fee-based wealth management firm from ABV and ABV wishes to offer these services to Client.
3. **SERVICES:** The services are based on, but not limited to, the *Visionary Advisor* and *Rapid Asset Accumulator* curriculum the book, *Effort-Less Marketing for Financial Advisors*, and/or the *Life & Wealth Optimization Services* system. Services include but are not limited to; business development and management consulting, planning, copy writing, campaign development, and coaching, etc. to acquire new clients for an investment advisory business
4. **FEE:** Client agrees to pay ABV \$350.00 per hour for Consultant's services. Services are billed in 15 minute increments.
5. **MINIMUM MONTHLY RETAINER:** Client agrees to provide a credit card to pay ABV a minimum monthly retainer fee, in advance, on the first of each month, in the amount of (select one):
 - a. Fast Start = \$1,500.00 for 4 calls per month (average of approximately 4.3 hours a month)
 - b. Standard = \$750.00 for 2 calls a month (average of approximately 2.15 hours a month)
 - c. Economy = \$350 for 1 call a month (average of approximately 1 hour a month).
6. **TO START:** Client agrees to pay ABV the first month's retainer and a deposit that is the same amount as the last month's retainer fee, plus a \$1,500.00 material license fee, to start Consultant's services. This payment may be made by credit card or check.

To ensure that you fully understand what it will take for you to make significant progress with ABV's Consulting services, please carefully read, initial, and acknowledge your understanding by signing this information.

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7. ___ **MONTHLY RETAINER PAYMENTS:** The minimum retainer fee payments must be made by credit card and ABV will automatically charge the card, for the agreed upon fee, on or around the 1st of each month, for that month's retainer.
8. ___ **STATEMENTS:** The retainer will be applied to charges for services delivered during each calendar month. ABV will provide Client with a monthly statement of services rendered and any additional charges, on or around the 5th day of each month, by email.
9. **ADDITIONAL CHARGES:** If Client exceeds the pre-paid hours in a calendar month (based on the retainer fee), ABV will issue an invoice for the additional services rendered at the beginning of the following month. Payments will be charged to client's credit card on or around the 5th of the following month, after they are incurred.
10. ___ **SERVICES NOT USED:** If Client does not use all of the hours paid for in any calendar month, they must still pay the minimum monthly retainer fee for the following month. Paid but unused hours may be "banked" and must be used within the next three (3) calendar months, or are forfeited.
11. ___ **CANCELLATION:** Either party may cancel this agreement by providing the other party with a written notice at least 30 days from the desired cancellation date. The last month's pre-paid deposit fee will be applied for the last month of consulting services.

Commitment Requirement

12. ___ I understand that I set my own pace in the Coaching & Consulting services. I understand that ABV recommends that I invest at least four (4) hours per week into completing the assignments and activities, in addition to the consulting calls. I commit to investing at least ___ hours a week to completing the assignments and implement the strategies and tactics I learn in this program.
13. ___ I understand that during the first few months, it may feel like I am working hard and not seeing immediate results. I recognize that this is normal as I make strategic and / or infrastructure changes in my business.

The Nature of Consulting

14. ___ I understand that the Consulting services provide a step-by-step process, which means that I do not have to "re-invent the wheel". I also understand that much of process is about me deciding which options I want to pursue. It is up to me to customize the materials and to answer my questions, with my Consultant's guidance, not for my consultant to provide all of the answers.
15. ___ I understand that this program is about making changes in my business, time use and marketing activities. I will get the most out of the program by being coachable and adaptable. Implementation of the proven strategies and tactics is the key to success.
16. ___ I understand that it is up to me to provide any and all pertinent information to my Consultant so that he/she can guide me through the process. It is up to me to ask for clarification if I do not understand. The more I participate, the more I will achieve.

Phone Appointments

17. ___ I understand I will have regularly scheduled one-on-one consulting appointment at the same time each week. Either I or my coach may occasionally reschedule these calls, if absolutely necessary.
18. ___ Once my consulting appointments are set, I commit to keeping them, even if I am not entirely ready. Consulting is a process; I will stay in the conversation to achieve my goals.
19. ___ I understand if I miss an appointment without giving my Consultant 24 hour advance written notice, I will be charged for the time allocated for the call. I may use e-mail for this notice.
20. ___ If I cancel an appointment, I am responsible for rescheduling the call.

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- 21. ___ I understand that I am responsible to call in at my scheduled coaching time. If I call in and receive a busy signal or voice mail, I will wait a couple of minutes and call back.
- 22. ___ I understand that I must pay the long-distance charges for these calls.

Office Technology Required

- 23. ___ I understand that in order to get the most out of Coaching & Consulting services, I need to have an office equipped with a Windows XP-based computer or higher with World Wide Web access. I must be literate with Microsoft Word 2003 word processing program. I must have access to e-mail services that can accept large files and/or links to web pages.
- 24. ___ I understand that all documents from American Business Visions will be formatted in either Microsoft Word or plain text and that I am responsible for reading these files.

No Guarantee

- 25. ___ I recognize that the strategies and tactics I will learn and apply in the Consulting services have been field tested and proven successful by many investment advisors over the last 17 years. I understand that I alone am responsible for my success in the program. ABV cannot guarantee that I will apply these techniques successfully in my own business and cannot guarantee any specific results.

I have read and understand this agreement. I understand that my success in the Visionary Advisory Consulting program is totally dependent on my skills and the effort that I put into the program. I agree to abide by these policies and procedures and to partner with my Consultant to get the most out of the Program.

Printed Name	Company
Signed	Date
Steve Moeller, President Name	American Business Visions, LLC Company
<i>Steve Moeller</i>	
Signed	Date

Please mail or fax these initialed and signed pages along with the attached Retainer Payment Form to American Business Visions at (714) 505-8035

I look forward to helping you build a super profitable business that supports your ideal quality of life!

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Payment Information

Please <input type="checkbox"/> charge my credit card <u>or</u> <input type="checkbox"/> cash the attached check for the Total Payment to Start indicated below.		
<input type="checkbox"/> 1 st Month's Retainer:	\$ _____	
<input type="checkbox"/> Last Months Deposit	\$ _____	(equal to first month's retainer)
<input type="checkbox"/> Materials license fee	\$ 1,500.00	
Total Payment to Start	\$ _____	
Please charge my credit card on the first of each month for the minimum retainer fee agreed to above and any additional charges incurred in the previous month.		
METHOD OF PAYMENT: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Check		
<hr/>		
Credit Card Number	Exp Date	CCV #
Name on credit card (Please Print)		Signature
Address where Credit Card statement is received:		
STREET: _____		
CITY _____	STATE _____	ZIP _____
<hr/>		
American Business Visions, LLC, 1131 E Main St., #203, Tustin, CA 92780		714-505-8030

Please fax completed agreement and payment form to 714-505-8035

Or scan and email to smoeller@businessvisions.com

Or send completed agreement and payment form with check for **Total Payment to Start**

to:

Steve Moeller, President
American Business Visions, LLC
1131 E Main St., Ste 203
Tustin, CA 92780