

ScorePerfect Admissions Consulting Agreement

Student Information

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Security #	Date of Birth	
Address	City	State	Zip Code
Shipping Address (if different from above)	City	State	Zip Code
Home Phone	Business Phone	Mobile Phone	E-Mail Address
Undergraduate School	Year of Graduation	General Schedule of Availability for Consulting	

Payment Method (Please select method of payment)

Credit Card Check Money Order Paid in Full

Payment Amount \$	Name on Credit Card (if different from above)	Credit Card # (Visa, MasterCard, Discover)	Expiration Date
Billing Address (if different from above)		City	State Zip Code

Admissions Consulting Services (check one)

GENERAL ADMISSIONS CONSULTING

Hourly Consulting: \$200 for the first hour, \$150 for each additional hour. Please specify the number of hours you would like to purchase: _____

10-Hour Package: \$1250
Additional hours can be purchased for \$125 per hour.

Platinum Consulting Package (25 hours): \$2500
Additional hours can be purchased for \$100 per hour.

PERSONAL STATEMENT INTENSIVE

Hourly Statement Assistance: \$200 for the first hour, \$150 for each additional hour. Please specify the number of hours you would like to purchase: _____

10-Hour Statement Intensive: \$1250
Additional hours can be purchased for \$125 per hour.

Student Agreement and Signature

Upon acceptance of this Agreement by ScorePerfect, this constitutes a binding agreement between ScorePerfect and the undersigned student.

I certify that I am enrolling in the ScorePerfect Admissions Consulting Services program for the sole purpose of improving my personal applications and/or personal statement and not for any other purpose. I further certify that I am not an employee or agent of any other test preparation or admissions consulting company.

I agree that the Admissions Consulting Services for which I have paid include any and all time spent speaking by telephone to an Admissions Consultant and any and all time the Admissions Consultant spends working on my application, including, but not limited to, reading, reviewing, and/or editing any documents relevant to my applications.

I will not audio-record or otherwise reproduce, in any manner, any of the consultation that I receive. I agree that I will not allow any person(s), test preparation company, admissions consulting company, or agents of any such company to use or access any of the ScorePerfect materials. In the event that ScorePerfect determines that any of the aforementioned covenants have been breached by me, in addition to all other legal remedies ScorePerfect may pursue against me, I agree that ScorePerfect can stop providing consultation services to me without a refund. I also agree that ScorePerfect has the right to stop providing me with consulting services at any time for any reason with a prorated refund.

GUARANTEE OF PERFORMANCE

ScorePerfect makes no guarantee, express or implied, regarding the likelihood of admission to any institution based on the advice of ScorePerfect consultants.

REFUND POLICY

I understand that once ScorePerfect has secured an admissions consultant and I have signed this Agreement, I am not entitled to a refund of any of the Admissions Consulting fees paid to ScorePerfect, regardless of whether or not I have received the consultation. I further understand that I have three months from the date of my enrollment to use the hours I have purchased. I understand that I am not entitled to a refund for any unused hours, unless ScorePerfect is unable to secure an admissions consultant for me. I further understand that payments for the above services cannot be applied toward amounts due for other ScorePerfect courses or services.

CANCELLATION/RESCHEDULING POLICY

I understand that any changes to scheduled consulting appointments must be made at least 48 hours prior to the time of the original appointment. I further understand that if I fail to meet at the scheduled time, or arrive late, I will forfeit the consulting fees for any time that I miss.

RETURNED CHECK POLICY

I agree to promptly pay a \$50.00 service fee for any check written by me which is not honored by my bank for any reason.

PERSONAL JURISDICTION

I agree that this Agreement shall be governed by California law, and any litigation arising out of this Agreement shall be commenced in Los Angeles County, California. To adjudicate any such litigation, I consent to the jurisdiction of the California courts even if my residence is in another state or country and I would not otherwise be subject to such jurisdiction.

I hereby accept all of the above covenants, policies, and stipulations with respect to the ScorePerfect Admissions Consulting Services as binding and effective from and after the date of my enrollment. Furthermore, I agree that in any legal action arising out of this Agreement, the prevailing party shall be entitled to recover the reasonable attorney's fees incurred by such party in the proceeding.

Please sign this admissions consulting agreement and submit it to ScorePerfect via e-mail, facsimile, or mail.

E-mail: send as a PDF to admissions@scoreperfect.net
Facsimile: (424) 702-3350
Address: 1620 26th Street, Suite 1000 North, Santa Monica, CA 90404

X _____
Signature of Student

Date

Office Use Only

Processed

Date _____

Employee _____