



Sales Manager Consulting Retainer Agreement

This agreement is between **Brazzell Marketing Agency** its affiliates, successors &/or assigns (hereafter referred to as BMA)

and _____(Client).

The Client wishes to retain the services of Michael Giudicissi and Power Shot Training to provide consulting services on a retainer basis. The scope of work includes consulting on:

- Sales Compensation plans
- Sales and Account Strategy
- Sales Team Management
- Recruiting and Hiring of Sales Personnel

The retainer does not include one-on-one sales coaching for sales team members.

Start Date: _____

Program Duration: 30 days (renewable on a monthly basis)

BMA and Michael Giudicissi agree to present to the best of our ability the information and material contained in the program described above. We also agree to coordinate the details of this program with the Client in order to achieve the outcomes that the Client has stated.

In exchange for the products and services provided, the Client agrees to compensate **Power Shot Training, LLC** as follows:

Professional Fee:

\$1,000.00/month.

Payment Terms:

The fee for this retainer program is due in full on the 1st day of the month in which the consulting retainer is to be delivered. After the first month, the Client will notify the Consultant by the 25th day of the current month if the Client wishes to extend the agreement by one month. This notice will allow for all open projects to be completed prior to the end of this consulting retainer.

This constitutes the entire agreement between the parties.

Client Signature

Date

BMA Signature

Date

Print Name

Print Name



Please provide the contact information you want us to have for the manager who will participate in consultations.

Name of person to receive training: _____

Phone numbers: _____

Cell Phone: _____

Fax: _____

Email: _____

Address: _____

Checks preferred over credit cards.



PAYMENT:

Credit Card: Total Authorized Charge: _____

Card #: _____ - _____ - _____ - _____ Exp. ____ / ____

CV2 (three digit code from back of card): _____

Name on Card: _____

Billing Address for Card: _____

Authorized Signature: _____

Check: Fax credit card payments to: BMA at (276) 236-5070
Make checks payable to: Brazzell Marketing Agency
Mail check to: Brazzell Marketing Agency
621 Nuckolls Curve Rd
Galax, VA 24333