



OFFICE USE ONLY	
Date:	_____
Designer:	_____
Acct. Number:	_____
Check Number:	_____
CC Processing:	Yes / No

# Landscape Consultation and Design Agreement

Consultation Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**1. SERVICES:** Our on-site consultation fee is \$150. On-site consultation includes a sight visit for project advice or DIY installs. Site visit limited to three (3) hours. Estimates for desired work available upon request. Based on the initial site visit and consultation between the homeowner(s) and designer, client selects the additional services to include:

- Design: Includes an on-site visit, scaled design, plant catalog, estimate and proposal for:

\_\_\_\_\_

\_\_\_\_\_

for a fee of \$\_\_\_\_\_, in addition to the \$150 on-site consultation fee (total not to exceed \$400).

- Master Plan: Includes an on-site visit, scaled design of the entire property, plant catalog, proposal and estimate for:

\_\_\_\_\_

\_\_\_\_\_

for a fee of \$\_\_\_\_\_, in addition to the \$150 on-site consultation fee (starting at \$400).

- 3-D Sketches: Available for a base rate of \$350 with Design or Master Plan services. Sketches to be done on the following areas:

\_\_\_\_\_

\_\_\_\_\_

for a fee of \$\_\_\_\_\_, in addition to any other services selected above.

**2. PAYMENT:** Our on-site consultation fee of \$150 is due upon acceptance of this Landscape Consultation and Design Agreement during the initial consultation. Additional Design, Master Plan, or 3-D Sketching services selected above by the homeowner(s) will be added on to this fee. The remaining balance is due upon completion of requested services at proposal. If client implements any portion of the designed landscape project or any portion of the consulted work within a twelve (12) month period, a credit of the above amount will be applied to the final invoice. Signed Estimate/Quotation is required prior to install of desired work. Credit is not applicable for retail sales at Garden Center.

**3. RIGHT TO CANCEL:** You may cancel your requested services by notifying Schalow's Nursery, Inc. up to 5 days after signing this agreement for a full refund of any additional payments made excluding the \$150 consultation fee.

**4: ACCEPTANCE:** I have read and understand the terms of this Agreement. My signature indicates that I agree with both the Services outlined above and Payment terms.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Acceptance: \_\_\_\_\_

- Design     Master Plan     3-D Sketching

For: \_\_\_\_\_

\_\_\_\_\_