INDEPENDENT CONTRACTOR OFFER LETTER

_____ [Client Name]
_____ [Client Address]
_____, _____, _____ [City, State, Zip Code]
_____ [Date]

_____ [Contractor Name]
_____ [Contractor Address]
_____, _____, _____ [City, State, Zip Code]

RE: Independent Contractor Offer

Dear _____ [Contractor Name],

We are pleased to extend an offer to engage your services as an independent contractor for _____ [Client Name]. This letter outlines the terms and conditions under which we would like to engage your services.

1. Services. You will be providing the following services:
_____
[Describe the project, assignment, or task, including the specific duties and responsibilities the contractor will perform].

2. Compensation:

☐ A Periodic Fixed Wage. You will be paid $_____ (Check one) ☐ per hour ☐ per week ☐ per month ☐ per year ☐ other: _____. You will be paid: (Check one)
☐ Every week. On _____ [Day of the week] of every week.
☐ Every month.On the _____ [Day of the month] of every month.
☐ After you send an invoice. You will be paid within _____ days after receiving your invoice. Invoices shall be submitted (Check one) ☐ at the end of every week ☐ on the _____ of every month ☐ within _____ days after completion of the Services ☐ other: _____.
☐ Other: _____

☐ A Set Fee. You will be paid $_____: (Check one)
☐ After the completion of the services.

☐ Within _____ days after receiving your invoice. Invoices shall be submitted (Check one)
☐ at the end of every week ☐ on the
_____ of every month ☐ within _____ days after the completion of the
Services other: _____.
☐ Other: _____

☐ After Completing Certain Milestones. You will be paid according to the
following schedule:
• $_____ for _____ [Milestone description]
• $_____ for _____ [Milestone description]
You will be paid: (Check one)
☐ After the completion of each milestone.
☐ Within _____ days after receiving your invoice. You will submit invoices for payment (Check one)
☐ at the end of every week ☐ on the
_____ of the month ☐ within _____ days after completion of the Services ☐ other:
_____.

☐ Other. _____

3. Term and Termination. The services are scheduled to commence on _____, 20_____.

Termination (Check one)

☐ After all of the Services are completed. The agreement shall terminate upon the completion of the
Services.

☐ After a fixed period of time. The agreement shall terminate (Check one) ☐ _____ days ☐
_____ months ☐ other: _____.

☐ On a specific date. The agreement shall terminate on _____, 20_____.

☐ At will. _____ [Client Name] may terminate the agreement at any time, (Check
one) ☐ without prior notice ☐ upon _____ days prior written notice to you. In addition, you may
terminate the agreement upon _____ days prior written notice to _____
[Client Name].

4. Confidentiality. (Check one):

☐ You will NOT be exposed to confidential information.

☐ You will be exposed to confidential information.

During the course of your engagement with _____ [Client Name], you may have
access to confidential and proprietary information. You agree to maintain the confidentiality of such
information and not to disclose it to any third party without prior written consent from
_____ [Client Name].

If you agree with the terms and conditions outlined in this letter, please sign and date below and return a copy to us. Once we receive the signed copy, we will consider this agreement to be in effect.

We look forward to working with you and appreciate your valuable expertise.

Sincerely,

_____ [Client Representative Name]
_____ [Client Representative Title]
_____ [Client Name]