



Ask Sheila V.

Spiritual Guidance to Practical Solutions

9715 Estate Thomas PMB #21, St. Thomas, VI 00802

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Email: sheilav@asksheilav.com

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Request for
Service Retainer
Personal & Business
Consulting

Client Name: _____

Company: _____

Contact#: _____

Email: _____

Date of Request: _____

Please fill out form as completely as possible. You may mark as many boxes as apply to your needs. For assistance call (340) 998-4540. *SV*

Date of Service	Description of Service	Type	Session Intervals	No. of Sessions (1-5)	Requested Donation x	Amount Due =	Session Log (office use only)
Personal Consulting							Scheduled / on-call / #session(s) / duration
	<input type="checkbox"/> Life Coaching Sessions	<input type="checkbox"/> In Person	<input type="checkbox"/> 8 min.		\$25		
	<input type="checkbox"/> Psychic Reading	<input type="checkbox"/> Phone Sessions	<input type="checkbox"/> 15 min.		\$45		
	<input type="checkbox"/> Career Counseling Sessions	<input type="checkbox"/> Email Sessions	<input type="checkbox"/> 30 min.		\$75		
	<input type="checkbox"/> All of the above	<input type="checkbox"/> Non-specific	<input type="checkbox"/> 1hr.		\$150		
						Sub total	
Business Consulting (mid-size - business)							
	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Client Worksite	<input type="checkbox"/> hour(s)		\$175		
	<input type="checkbox"/> Staff Evaluation	<input type="checkbox"/> Phone Sessions	<input type="checkbox"/> day(s)		\$750		
	<input type="checkbox"/> Staff Counseling	<input type="checkbox"/> Email Sessions	<input type="checkbox"/> week(s)		\$2,250		
	<input type="checkbox"/> Harmonize Wk Environment	<input type="checkbox"/> Non-specific	<input type="checkbox"/> month(s)		\$7,500		
	<input type="checkbox"/> All of the above	<input type="checkbox"/> SV Home office	<input type="checkbox"/> on-call	only	\$2,500 mo.		
						Sub total	
By signing below both parties approve and agree upon the terms and conditions of this contract.						Total \$	<i>Special request or instructions:</i>
Client Signature _____ Date _____						<i>Retainer</i>	
Sheila V'Eleos _____ Date _____						<i>Due</i>	
						<i>Received</i>	
						Balance	

Provide address when requesting services be conducted at private or worksite location.

Private: _____

Worksite: _____

Terms and Conditions

1) A Service Retainer must be signed by both parties and retainer received prior to commencement of services. An invoice will be generated weekly, indicating the amount of time spent and time remaining. At the completion of intervals a new RQfS form must be signed to continue service. 2) Cancellation: Should services be terminated prior to completion of intervals requested, a credit will be applied and transferable to his/her assigned. 3) Sign and send completed form via **fax to (310) 760-4178** or email to **admin@asksheilav.com**. You will then receive an email and/or phone confirmation of your request, followed by an email copy of your RQfS form signed by Sheila V. All Methods of Payment received on-line are accepted via www.paypal.com to sheilav@thesheilavmission.org. Payment may also be received by sending a check or money order made payable to: ***Sheila V. Tabarsi***, 9715 Estate Thomas PMB #21, St. Thomas, VI 00802.

All Sessions Are Confidential