

Savory Grace

Personal Chef Service "Naturally Organic"

Po Box 353

Swampscott, Massachusetts 01907

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www.savorygrace.com

Client Service Agreement

Client Information:

Name: _____

Address: _____

Zip code: _____ *Home Phone:* _____

Mobile phone: _____ *Fax number:* _____

Your first cooking session is scheduled for: _____

Based on the information you/your family provided on the Client Profile, Savory Grace will create a customized menu for you/your family.

Attached you'll find all the main dishes that were discussed as well as the requested side dishes. The schedule times are also attached.

I will arrive at your home on _____ at approximately _____ am/pm with all the ingredients necessary to prepare the agreed-upon meals in your kitchen. I will package your meals as per your instructions, label them, and leave complete heating instructions for your convenience. Your kitchen will be clean and orderly and all of my equipment will be removed.

Please make sure your kitchen area is clean and ready on the scheduled cooking dates. Children and pets should be out of the kitchen area on the dates schedule for cooking. I want to make sure there are no problems or accidents with anyone or anything in the kitchen when I'm cooking. I ask that you allow me to perform my professional services in your kitchen without interruptions. Please leave containers ready for use as previously agreed. If you have any questions or concerns, I can come earlier or stay later. Please call ahead to schedule the extra time needed. Thank you

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Fees:

Number of total entrees: _____

Number of People: _____

Time and Materials:

▶ Fee for professional service: \$ _____

▶ Food deposit: \$ _____

▶ Disposable container fee: \$ 15 per cooking session

▶ Reusable container (one time fee) \$ _____
(\$75 - \$150)

Total: \$ _____

Payment schedule:

Payment of 50% for the above service is due today. Balance is due the day the services are rendered. For continued cooking sessions, I will fax, mail or email you the request for an additional signed contract and a 50% deposit will be due at that time.

Cancellation Policy:

Cancellations must be received via phone message or fax no less than 72 hours prior to the scheduled cooking session. Since regular clients are scheduled on a monthly basis, revised dates before the end of the quarter cannot be guaranteed.

Client signature _____ Date _____

Savory Grace _____ Date _____

Thank you,
"It's a pleasure to serve you"
Robin Lang
Proprietor - Chef