# E-mail or Phone Consultancy Requests:

Please fill out the form per below in order to request consultancy services.

|  |
| --- |
| **Requester Information:** |

|  |  |
| --- | --- |
| Company name: |  |
| Contact name/e-mail/phone no.: |  |

|  |
| --- |
| **Consultancy Request Description:** |

|  |  |
| --- | --- |
| Product (Ariadne, Resource Central/Exchange Central): |  |
| Short description of the consultancy request: |  |

|  |
| --- |
| **Invoice Details:** |

|  |  |
| --- | --- |
| PO# (if applicable): |  |
| Invoice company and address: |  |
| Invoice E-mail: |  |

|  |
| --- |
| **Additional Comments:** |

|  |  |
| --- | --- |
| For additional comments - please enter them here: |  |

|  |
| --- |
| **By sending this email, I agree to:** |

That the requested consultancy is associated with an hourly cost invoiced immediately after completion of the assignment. Current price is 160 EUR per commenced hour. Add-On Products invoices in half hour quantities with a minimum of one hour.