Agency Agreement

This Agency Agreement ("Agreement") is entered into between Order Efficiency Ltd, hereinafter referred to as "PHC Service Provider," and [Local Representative Business Name below], hereinafter referred to as "Local Rep."

PHC Service Provider

Contact Name: David Winter

Business Name: Order Efficiency Ltd

Business Address: 34 Hillside Road, Southminster, Essex CM0 7AL, UK

Contact Telephone: +44 1621 772110

Contact Email Address: david.winter@order-efficiency.com

Local Representative

Contact Name:	-
Business Name:	
Business Address:	
Contact Telephone:	
Contact Email Address:	

Scope of Agency Services:

- 1.1 The PHC Service Provider hereby appoints the Local Rep as its authorized agent for the purpose of invoicing clients and collecting payments on activities on projects. The Local Rep shall provide efficient and professional services in accordance with the PHC Service Provider's requirements.
- 1.2 This Agreement applies to projects that are located in geographic regions local to the Local Rep business operations.
- 1.3 The Local Rep shall invoice clients on behalf of the PHC Service Provider for the services rendered by the PHC Service Provider. The Local Rep shall collect the payments from clients and remit the collected amount to the PHC Service Provider, deducting a commission of 10% as agreed upon by both parties.
- 1.4 The Local Rep shall maintain accurate records of all invoices, payments, and any other relevant documents related to the services provided.

Responsibilities of the PHC Service Provider:

- 2.1 The PHC Service Provider shall provide the Local Rep with all necessary information and documentation required for the preparation of invoices and collection of payments.
- 2.2 The PHC Service Provider shall promptly notify the Local Rep of any changes in the services provided, pricing, terms, or any other relevant information that may affect the invoicing and collection process.

Local Rep's Commission:

- 3.1 The Local Rep shall be entitled to a commission of 10% of the total invoice amount for each successful collection made on behalf of the PHC Service Provider.
- 3.2 The commission shall be deducted by the Local Rep from the collected amount before remitting the remaining funds to the PHC Service Provider.
- 3.3 The Local Rep shall provide the PHC Service Provider with a detailed statement showing the invoices issued, payments collected, and the commission deducted for each billing period.

Term and Termination:

- 4.1 This Agreement shall commence on the date written in the Local Rep signature below and shall continue until terminated by either party upon one month's prior written notice to the other party.
- 4.2 Upon termination, the Local Rep shall promptly return any outstanding invoices, payments, or any other relevant documents to the PHC Service Provider.

Confidentiality:

- 5.1 Both parties agree to maintain the confidentiality of any sensitive information or proprietary materials disclosed by either party during the course of this Agreement.
- 5.2 The obligations of confidentiality shall survive the termination of this Agreement.

Governing Law and Jurisdiction:

- 6.1 This Agreement shall be governed by and construed in accordance with the laws of the country where the Local Rep is resident.
- 6.2 Any disputes arising out of or in connection with this Agreement shall be subject to the exclusive jurisdiction of the courts of the country where the Local Rep is resident.

Entire Agreement:

7.1 This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements, understandings, or representations, whether oral or written, relating to the subject matter herein.

Amendments:

8.1 Any amendments or modifications to this Agreement shall be in writing and signed by both parties.

Please review the terms of this Agreement carefully. If you agree to the terms and conditions outlined above, please sign below to indicate your acceptance.

Signatures:
Order Efficiency Limited
David Winter – Director
Signed:
Date: 13 August 2024
Local Rep Contact Name
Local Rep Contact Role
Local Rep Contact Signature:
Date: