

## Hourly Services

Dear Client, kindly take a moment to complete the following form, providing essential details about your specific needs and requirements. Your input will enable me to better tailor my services and prices to meet your expectations.

1. Company or Individual Name:	
2. Type of Services: (e.g., Legal or Business Consultancy, project support)	
3. Volume of Services: (The number of hours the client anticipates needing us with each week or month)	
4. Duration of Services: (e.g., one month, three months, six months)	
5. Industry:	
6. Level of Support: (e.g., assistant, administration, management)	
7. Location:	
8. Frequency of Communication: (The client's expectations regarding the frequency of communication and updates.)	
9. Additional Services: (Whether the client requires any additional services beyond the standard of tasks)	
10. Budget Constraints: (If the client has any budget constraints or expectations, it's essential to understand these to tailor the pricing accordingly.)	