

EmploymentClinic.com

Resume services order form

LDA Policies, Pricing and Order Form

Policies and Stipulations:

- A. We fully guarantee our work. If there is any problem with the quality of our products, whether delivered by direct mail or electronically, we will be happy to correct/replace them within the first 30 days from the time you accept delivery.
- B. You understand and agree that LDA Enterprises cannot guarantee employment interviews or job offers resulting from our resume or cover letter service.
- C. In order to ensure the highest level of quality, we will ask you to review our creative work and provide information for any changes or additions you feel are important. Because our final product is based upon your inspection and approval, we cannot guarantee a specific time frame for the completion of your project. However, as a general rule, you should allow at least two full weeks for receipt of any of our products (which includes printing and delivery time.) All free guides or booklets will be delivered electronically.
- D. All of our products require your signed approval by fax, email, or U.S. mail before delivery. Your signature denotes that the product is acceptable and that you are satisfied with its content, diction, and spelling. No refunds are applicable.

TO ORDER: You may copy and paste the following order form into an email, send it by regular U.S. mail to the address indicated below.

ORDER FORM:

Place a check mark next to the service ordered and indicate the total below:

- Standard Resume Service: \$495.00 _____
- Executive Resume Service: \$895.00 _____
- College Graduate Service: \$225.00 _____
- Cover Letter Service: \$125.00 _____ (Subtract \$25.00 if combined with a resume service)

Additional Services:

- Telephone Consultation – ½ hour \$100.00: _____ 1 hour \$175.00: _____
- Email consultation – all career issues: 1 question and comprehensive response

\$35.00: ____ 2 questions and comprehensive responses \$60.00 ____

Grand Total of all services ordered: \$_____

Please check one: Visa ____ MasterCard ____ American Express ____ Check ____

Card number: _____ Expiration date: _____

** Charge card security code _____ (last 3 numbers on the back of your Visa or MasterCard typically on the right hand side of the signature strip) or (the 4 number code on the front of the American ExpressCard, on the right hand side just above your card number.)

Cardholder's Name (exactly as it appears on the card):

Billing address of the cardholder:

City: _____ State: _____ Zip Code:

Signature: _____ Date:

If you are paying by check, your check and authorization form (this form) should be signed and mailed to the address below. If paying by credit card, you should email your order to us. We will send you a return email on receipt of your order.

LDA Enterprises, Ltd.
Weaver Lake Business Center
7512 Shadyview Lane North
Maple Grove, MN 55311

Email address: LDA@EmploymentClinic.com