

[Your Name]  
[Your Position]  
[Your Company Name]  
[Your Company Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Position]

QD Medical

[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Service Agreement

This letter serves as a formal agreement between [Your Company Name] and QD Medical for the provision of services as outlined below:

1. **\*\*Services Provided\*\***:

[Description of services to be provided]

2. **\*\*Duration\*\***:

The term of this agreement shall commence on [Start Date] and shall continue until [End Date], unless terminated earlier in accordance with the terms specified herein.

3. **\*\*Compensation\*\***:

[Details of compensation and payment terms]

4. **\*\*Responsibilities\*\***:

- [Your Company Responsibilities]
- [QD Medical Responsibilities]

5. **\*\*Confidentiality\*\***:

Both parties agree to maintain confidentiality regarding any proprietary information exchanged during the course of this agreement.

6. **\*\*Termination\*\***:

This agreement may be terminated by either party with [Number of Days] written notice.

Please sign below to indicate acceptance of the terms of this service agreement.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Job Title]

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Acknowledged and accepted by:

[Recipient Signature]  
[Recipient Printed Name]  
[Recipient Job Title]

QD Medical

Date: \_\_\_\_\_

[Enclosures: any relevant documents]