



Creative Potential, LLC
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Promissory Agreement

Date: ___/___/___

Client _____ DOB _____ ID Number _____

Service start Date _____ Service end date _____

CM/ SW contact name _____ phone _____ email _____

Service Type TSS__ PS__ SS__ TC__ASC__ Mentoring __ Respite __ Other__

(if my agency should need to stop or cancel service before the above end date it is my agencies reasonability to email Creative Potential contact or info@creativepotentialllc.com giving at least a two week advance notice to close out the case therapeutically for the youth and family to have a proper case closure).

I _____ from _____ (your company) agree to pay or release funds to Creative Potential in the approximate amount stated in the mock invoice given to _____(your company).

Name of your supervisor and his/ her phone and email address.

Supervisor name _____, phone _____ email _____

Please list the name of two (2) people other than yourself that bills can be sent to.

Billing contact name _____ email _____

Billing contact name _____ email _____

(My agency is aware that bills are due on a NET 15 and we are prepared to render payment once we have received a complete invoice and notes for the previous month. We also accept responsibility that late payments will be waived only one time and after that we are responsible to pay late fees associated with late payments after 15 days. Once the above stated contract ends we understand another Promissory agreement will need to be signed to continue further services.

Case Manager/ SW signature _____

Case Manager/ SW supervisor signature _____

(please write legible if hand writing or it will be sent back, thank you for choosing Creative Potential)