

Independent Contractor Agreement

I am an Independent Contractor for ENPOINTE.

I understand and acknowledge that I am not eligible for workers compensation, health insurance, unemployment insurance or any other benefits through ENPOINTE. As an Independent Contractor, I will invoice ENPOINTE for all services rendered and will be paid according to the agreed payment terms. I am responsible for paying my own individual income taxes.

I also understand and acknowledge that I will be working with proprietary information, which is important to ENPOINTE competitive position and will treat such information as confidential and will not use this information at any time or in any manner in the work I do with other companies.

I agree to not solicit for employment, hire or contract the services of any ENPOINTE employee, directly or indirectly, from the effective date of this agreement until one (1) year after completion of my services to ENPOINTE.

I agree to not utilize the knowledge gained from my association with ENPOINTE in order to compete with ENPOINTE or sell services to ENPOINTE customers from the effective date of this agreement until one (1) year after completion of my services to ENPOINTE.

Signed: _____

Date: _____