

Addendum A: Supplies, Expenses, & Facility Usage

This Addendum is incorporated into the Independent Contractor Agreement between [Company Name] and [Contractor Name] dated [Date].

1. Professional Supplies

Responsibility for the procurement and cost of clinical supplies is designated as follows:

Category	Provided & Paid By	Notes/Specifics
Linens & Laundry	[Company/Contractor]	e.g., Sheets, face cradle covers, towels.
Lubricants	[Company/Contractor]	e.g., Oils, lotions, specialized creams.
Massage Table/Bolsters	[Company/Contractor]	Maintenance of equipment provided by Company.
Personal Tools	Contractor	e.g., Hot stones, cups, specialized tools.
Personal Attire	Contractor	Professional attire meeting clinic standards.

2. Facility & Administrative Fees

In exchange for the use of the professional suite and administrative support, the parties agree to the following:

- **Rent/Split:** The compensation split defined in Section 3 of the Master Agreement covers all utilities (water, electricity, heating) and Wi-Fi.
- **Merchant Processing:** Credit card processing fees of [e.g., 3%] will be deducted from the Contractor's gross earnings prior to the final split.
- **Marketing:** Basic clinic-wide marketing is provided by the Company; however, any personalized or Contractor-specific advertising shall be the sole financial responsibility of the Contractor.

3. Inventory & Storage

- **Storage:** The Company shall provide a designated storage area for the Contractor's personal supplies. The Company is not responsible for the loss or damage of the Contractor's personal property.
- **Usage of Company Stock:** If the Contractor utilizes Company-provided lubricants or linens beyond the agreed scope, a "Supply Fee" of **[\$Amount]** per session may be assessed.

4. Maintenance of Workspace

The Contractor agrees to maintain the treatment room in a clean, sanitary, and professional condition. A "Turnover Fee" of **[\$Amount]** may be charged if the room is left in a state requiring professional cleaning services.

Acknowledgment

Company Representative: _____ **Date:** _____

Contractor: _____ **Date:** _____
