Aniseikonia Diagnosis iPad App

CONTRACT FOR SERVICES

| Name: _ | Brendan Lau |
|----------|-------------------------------------|
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To: University of Michigan Kellogg Eye Center 1000 Wall Street

Ann Arbor, Michigan 48105

| Date | Quantity | Description | Price |
|----------|----------|--------------|------------|
| 03/31/17 | 50.00% | Down Payment | \$1,760.00 |
| 05/01/17 | 50.00% | Completion | \$1,760.00 |

Total: \$3,520.00

Date: <u>March 17, 2017</u>

| 50% of the total will be sent to: <u>Brendan Lau</u> by: <u>March 31, 2017</u> | | | | | |
|--|--|--|--|--|--|
| The remaining 50% of the total will be paid in full upon successful completion and deployment of the app to Apple's App Store. | | | | | |
| I, Brendan Lau, am in agreement to the above established terms. | | | | | |
| I,, on behalf of the University of Michigan Kellogg Eye Center, am in agreement to the above established terms. | | | | | |