Editing Agreement

Contact Information
Client:
Phone Number:
Address:
Email:

Manuscript Specifications
Title:
Type:
Date Submitted to Editor:
Date Due to Client:
Length in Pages/Screens:
Form Submitted (paper or digital copy):
Total Visuals (number):
Type of Visuals: ___ photos ___ tables ___ graphs ___ other

Editing Requested
___ Proofreading (Verifying that all manuscript requirements have been met and that the manuscript follows sponsor or journal guidelines. Performing a final manuscript check for errors.)
___ Basic Copyediting (Editing for consistency; completeness of parts; accuracy of terms, numbers, quotations, etc.; and minor errors in spelling, grammar, and punctuation.)
___ Heavy Copyediting (Editing for clarity, meaning, and style in addition to basic copyediting.)
___ Developmental Editing (Editing for the manuscript's suitability for intended readers and purpose; editing may focus on organization, style, comprehension, coherence, and development and support of claims.)
___ Formatting/Standardizing Documents (Formatting text according to sponsor or journal specifications and/or standardizing required support documents.)
___ Other (specify):

Online editing acceptable? ___ yes ___ no
Total estimated editing hours:
Milestone (review) dates:
Conditions (if any):

This estimate is based on manuscript specifications and requested editing tasks as shown here. It is binding only so long as the specifications and editing tasks remain constant and the manuscript is available for editing on the date cited. Any changes will require a new estimate.

Editor ___________________________ Date ___________ Client ___________________________ Date ___________