

## Management Service Agreement

[XYZ CREDENTIALS] located at [XYZ CREDENTIALS' ADDRESS] in the State of [STATE NAME] and [JOE FITZGERALD], located at [JOE FITZGERALD'S ADDRESS] in the State of [STATE NAME] hereby enter into this [AGREEMENT]:

Services provided shall include the following: Management of [XYZ CREDENTIALS'] finances, management of [XYZ CREDENTIALS'] employees, management of all company press releases and events, and management of [XYZ CREDENTIALS'] daily operations. Daily operations are to be stipulated within the company guidelines. [JOE FITZGERALD] shall be required to inform [XYZ CREDENTIALS] of all necessary supplies and equipment needed to perform his duties to the best of his abilities. [JOE FITZGERALD] is required to maintain daily contact with the Chief Executive Officer and Chief Financial Officer of [XYZ CREDENTIALS].

[JOE FITZGERALD] has a resume with a background focused on [\_\_\_\_\_], [\_\_\_\_\_], and agrees to offer [XYZ CREDENTIALS] his expertise in these fields. By signing below, [JOE FITZGERALD] agrees to perform his duties to the best of his abilities.

The undersigned agree to the following payment for services rendered:

[JOE FITZGERALD] is to receive a salary of \$[SALARY AMOUNT] per year. [JOE FITZGERALD] is to read and sign a company-drafted contract for the term of [\_\_\_\_\_] years. If [XYZ CREDENTIALS] believes the services rendered to be unsatisfactory in accordance to the company guidelines, this agreement shall become null and void. If [JOE FITZGERALD] wishes to terminate his relationship with [XYZ CREDENTIALS] before the date of [DATE], his severance pay is to be \$[AMOUNT] or the amount stipulated further within his contract.

The undersigned agree to all of the terms and conditions stipulated in this [AGREEMENT].

### [XYZ Credentials]:

Management Service Provider:

Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Representative  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[JOE FITZGERALD]:**

Management Service Provider:

Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Representative  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness:**

Witness Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Witness  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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