# 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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