

Business Associates

People you partner with, clients you work with, contractors and assistants you hire. Include contact & contract details, services you pay for, invoicing/payment details, assigning tasks, tracking procedures, your responsibilities, etc.

My Clients					
Name:	Contact info:	Services I provide:	Rate I am paid:	Outsource to:	Rate I pay to contractor:
	Email: Tel: Fax: Address:				
	Email: Tel: Fax: Address:				
	Email: Tel: Fax: Address:				
	Email: Tel: Fax: Address:				

Company Name:

Date:

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	Email: Tel: Fax: Address:				
	Email: Tel: Fax: Address:				
	Email: Tel: Fax: Address:				
	Email: Tel: Fax: Address:				

Company Name:

Date:

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Contractors I Use					
Position:	Name:	Contact info:	Payment Details:	Confidentiality Agreement?	Tax ID #
Online Business Manager:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Virtual Assistant:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Content Writer 1:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Content Writer 2:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:

Date:

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Content Writer 3:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graphic Designer:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Web Designer:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SEO Company:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:

Date:

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Audio services specialist:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Video editing services specialist:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
My Coach!		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		Email: Alternate email: Tel: Fax: Website:	Rate I pay: \$ Terms/date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:

Date:

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