

# Information Needed for Management Agreement

Address of Investment Propert(y)(ies):

1- Street: _____	City _____	State _____	Zip _____
2- Street: _____	City _____	State _____	Zip _____
3- Street: _____	City _____	State _____	Zip _____
4- Street: _____	City _____	State _____	Zip _____
5- Street: _____	City _____	State _____	Zip _____
6- Street: _____	City _____	State _____	Zip _____
7- Street: _____	City _____	State _____	Zip _____
8- Street: _____	City _____	State _____	Zip _____
9- Street: _____	City _____	State _____	Zip _____

Date Management Agreement to Start \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name(s) or entity in which property are titled:

1- _____	Social Sec. or Tax ID # _____
2- _____	Social Sec. or Tax ID # _____

## **CONTACT INFORMATION:**

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

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Office Phone # \_\_\_\_\_ Office Phone # \_\_\_\_\_

Fax Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

HOME: Mailing Address _____	HOME: Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

BUSINESS: Mailing Address _____	BUSINESS: Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Email Address for your Monthly Reports: \_\_\_\_\_

Attach Voided Check or Deposit Slip for Account where Owner Draw is to be deposited.