Independent Contractor

Contract Labor Form

This Independent Contractor Agreement is made on				
between:				
Contractor D	Details			
• Contra	actor's Name:			
Addre	ss:			
• Phone	Number:			
• Tax ID	(if applicable):			
Company De	etails			
• Busin	ess Name:			
• Emplo	oyer Contact:			
Comp	any Address:			
Scope of Wo	ork			
The Contrac	tor agrees to perform th	e following services:		
Payment Ter	rms			
Service	Rate per	Total Estimated	Payment Due	
	Hour/Project	Cost	Date	
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 □ Payment ເ	upon project completion				
☐ Milestone payments (if applicable)					
Confidential	ity & Non-Disclosure				
☐ Contractor agrees to maintain confidentiality regarding company information.					
Termination Clause					
☐ Either party may terminate the contract with 7 days' written notice .					
Agreement & Acknowledgment					
Contractor's Signature:					
Employer's	Signature:				
Date:					