

Client-Provider Service Agreement (Form)

Document ID: _____ Agreement Date: _____

Please complete this agreement form accurately before starting the service.

Both parties should review all sections, confirm payment terms, and keep a signed copy for records.

1) Client Details

Client Full Name: _____

Client TaskZing User ID: _____

Client Phone: _____ Client Email: _____

Client Address: _____

2) Provider Details

Provider Full Name: _____

Provider TaskZing User ID: _____

Provider Phone: _____ Provider Email: _____

Provider Address: _____

3) Task / Service Details

Task Title: _____

Task Category: _____

Location of Work: _____

Start Date: _____ End Date: _____

Estimated Duration: _____

Task Description / Scope:

4) Payment Terms (Client <-> Provider)

Payment Type (Fixed / Hourly / Milestone): _____

Currency: _____ Agreed Amount / Rate: _____

Advance Payment (if any): _____

Payment Schedule / Milestones:

Payment Method Agreed: _____

5) Responsibilities & Deliverables

Provider Responsibilities:

Client Responsibilities:

Expected Deliverables:

6) Signatures

Client Name: _____ Signature: _____ Date: _____

Provider Name: _____ Signature: _____ Date: _____

Witness (optional): _____ Signature: _____ Date: _____

Note

By signing this form, both parties agree to TaskZing Terms & Conditions.

TaskZing is not liable for payment disputes, non-payment, service disputes, damages, delays, or contractual claims between client and provider unless explicitly provided in official TaskZing workflow.