

Service Provider 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) Service Provider Details

Provider Full Name: _____

Provider TaskZing User ID: _____

Provider Phone: _____ Provider Email: _____

Provider Address: _____

Primary Skills / Services: _____

2) Client Details

Client Full Name: _____

Client TaskZing User ID: _____

Client Phone: _____ Client Email: _____

Client Address: _____

3) Service Scope and Deliverables

Service Title: _____

Service Category: _____

Location of Work: _____

Start Date: _____ End Date: _____

Estimated Duration: _____

Detailed Scope / Deliverables:

4) Payment Terms

Payment Type (Fixed / Hourly / Milestone): _____

Currency: _____ Agreed Amount / Rate: _____

Advance Payment (if any): _____

Milestones / Payout Terms:

Payment Method Agreed: _____

5) Service Standards and Conditions

Provider commitments (quality, timeline, communication):

Client commitments (access, approvals, cooperation):

Cancellation / Change Terms:

6) Signatures

Provider Name: _____ Signature: _____ Date: _____

Client 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.