

Vendor Sign Up Form

Vendor Name (print): _____ Date: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Yearly Membership Rate: _____ \$159.00 _____

Referral Rate: _____ \$10.00 per referral _____

Commission Rate for jobs >\$1000.00: _____ TBD _____

Vendor agrees to provide a liability insurance certificate naming **Task Complete** as additionally insured and to provide a signed W9.

The terms and conditions have been explained to me and I authorize **Task Complete** to charge my credit card for Concierge services and any other contracted work as agreed.

Credit Card (circle one) Visa, MasterCard, American Express

Number: _____

Exp. Date: _____ Billing Zip Code: _____ CCV Number? _____

Name of credit card: _____