



## FREELANCE TAROT OPERATOR APPLICATION FORM/DISCLAIMER

Your Full Name: \_\_\_\_\_

Your Display Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Your Full Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Note:** Your telephone number must be the number on which you will receive your incoming calls, include the area code, it will be entered into our system and CANNOT be a mobile number.

Email address: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Sex Male / Female: *(Delete as appropriate)*

Please Circle the Skill that applies to you:

*Psychic*

*Clairvoyant*

*Medium*

*Tarot Card Reader*

Payment:

Bank / Paypal *(Delete as appropriate.)* PayPal Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Name: \_\_\_\_\_

Account Number (Must be 8 digits): \_\_\_\_\_

Sort Code (Must be 6 digits): \_\_\_ - \_\_\_ - \_\_\_

I the undersigned, agree that all details above are correct, and that I am 18 years of age or above. I authorize the Company to make direct credits into the bank account details above [or if no bank details supplied then by PayPal] on a weekly basis in respect of commission I have earned for the times I have chosen to work, on an ad hoc and casual basis, for the Company. I confirm I am not an employee of the Company and am not entitled to sick pay, holiday or pension rights. I confirm I am responsible for my own personal tax and national insurance payments. I have read the manual, I understand the code of conduct, and agree to adhere to it.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

