

## Virtual Office Sign Up Form

Please complete form and either fax to 604-971-0209 or scan to [info@simplyoffice.ca](mailto:info@simplyoffice.ca)

### COMPANY INFORMATION:

Company Name:	
Current Address:	
Business Type:	
Website Address:	Email Address:
Telephone Number:	Fax Number:

### PERSONAL INFORMATION:

Full Name:	Email Address:
Telephone Number:	Cell Number:
Home Address:	

### VIRTUAL SERVICES INTERESTED IN:

Virtual Mail <input type="checkbox"/> Virtual Mail + Meeting Room <input type="checkbox"/> Virtual Mail + Telephone Answering <input type="checkbox"/>
Virtual Telephone Line <input type="checkbox"/> Virtual Telephone Line/Telephone Answering <input type="checkbox"/> Mailbox Rental 24/7 <input type="checkbox"/>
Additional services required: Toll Free Number <input type="checkbox"/> Porting of Line <input type="checkbox"/> Company Directory Board Listing <input type="checkbox"/>
Other – please specify:
Please state if you wish your mail to be forwarded to an alternate address and how often:

### PAYMENT INFORMATION:

Credit Card Information (Please note there is a 4% additional charge if paying by credit card):	
Visa Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Other <input type="checkbox"/>	
Credit Card Number:	
Expiry Date:	CVV/CVS Number:
Name as it appears on Credit Card:	
Signature _____	Date _____