

Virtual Office Sign Up Form

Please complete form and either fax to 604-971-0209 or scan to 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 (Harbourfront location only) <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	