

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: Waterfront Harbourfront Canada Place

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"/>
Additional services: Toll Free Number <input type="checkbox"/> Porting of Line <input type="checkbox"/> Company Directory Board Listing <input type="checkbox"/>
Other – please specify:
Please let us know if you wish your mail to be forwarded to an alternate address and state the forwarding address here (postage fees will apply):

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"/> (No charge if paying by e-transfer, cash or cheque)	
Credit Card Number:	
Expiry Date:	CVV/CVS Number:
Name as it appears on Credit Card:	
Address where card is registered:	

_____ Signature	_____ Date
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