



Serviced Office Request Form

Applicant's Details - To be completed by Client

Date: Phone:
Company Name: Fax:
Trading Name: Mobile:
A.C.N. A.B.N.
Registered Address:

 State: Postcode:
Email Address:

Director's Details

Director's Name: Drivers License No:
Director's Address:
 State: Postcode:
Phone: Email Address:

Your Business Details

Please write a brief description on your business.

Accounts Details

Accounts Contact:
Would you like to receive your accounts by: Email Mail Accounts Phone No:
Address for Account:
 State: Postcode:
Email Address for account:

Office Use Only

Suite No: Agreement Start Date: Agreement Term: Months
Agreement Expiry Date:
Special Conditions:



The Old Boot Factory Serviced Offices

Serviced Office Request Form

Monthly Charges	Qty	\$ Value (excl GST)
Office Rental per month:	<input type="text"/>	<input type="text"/>

Total Excl GST

GST

Security Deposit (equivalent to one month's rent & GST)

Total Inc GST

Please note account are strictly 7 DAYS. Payment of your account is due on the 1st day of every month. By signing this document you agree to pay for the services and charges as specified under the terms of our agreement.

Client Signature:

Date:

The Old Boot Factory Signature:

Date: