



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**

<b>Monthly Charges</b>	<b>Qty</b>	<b>\$ Value (excl GST)</b>
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: