

**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

## 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"/> |
| Reserved Parking per month: <input type="checkbox"/> Yes <input type="checkbox"/> No |                      | <input type="text"/> |
| Total Excl GST   |                      | <input type="text"/> |
| GST  |                      | <input type="text"/> |
| Security Deposit (equivalent to one month's rent & GST)                              |                      | <input type="text"/> |
| Total Inc GST  |                      | <input type="text"/> |

**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: