

# Griffin Centre Virtual Office Sign Up Sheet



INSTRUCTIONS: Click in field to type. Print and fax to 604-998-0217. Keep printed copy for your records.

Personal Information		
Full Name		E-mail
Phone 1	Phone 2	Fax
Home Address		
Business Information		
Company Name		E-mail
Phone 1	Phone 2	Fax
Company Address		
Credit Card Information (in lieu of deposit)      Visa      Mastercard		
Name as it appears on card		
Credit Card Number		Expiry Date (MM/YY)
Associates Able to Charge Services to Your Account		
Full Name		E-mail
Phone 1	Phone 2	Fax
Full Name		E-mail
Phone 1	Phone 2	Fax
Full Name		E-mail
Phone 1	Phone 2	Fax
Package Information		
Which Virtual Office Package would you like? (Check one below)		
<input type="checkbox"/> Mail Basic <input type="checkbox"/> Telephone Basic <input type="checkbox"/> Virtual Basic <input type="checkbox"/> Virtual Advanced <input type="checkbox"/> Custom Virtual		
Would you like your company listed on our directory board?      No      Yes (Use Space Below)		
Company Name as you would like it to appear on the Directory Board		
Would you like your mail forwarded to an alternate address? (Check one or include information below)		
<input type="checkbox"/> Send to Personal Address Above <input type="checkbox"/> Send to Business Address Above <input type="checkbox"/> Send to Other Address		
Other Address		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date