



Virtual Office Request

Contact Name: _____
Company: _____
Address: _____
City, State, Zip _____
Phone Number: _____
Cell Number: _____
Fax Number: _____
Email: _____

Start Date of Service: _____

Length of Time of Service: (check all that apply)

- ___ month to month
- ___ 3 month
- ___ 6 month
- ___ 12 month
- ___ Other _____

Mail

What mailing address would you prefer? ___ Hillsboro
___ Portland
___ Both

Forwarding mail location if different than above

Name _____ Company _____
Address _____ City, State, Zip _____

- ___ Hold for collection
- ___ Mail forwarded weekly
- ___ Mail forwarded FED-EX
- ___ Other _____

Phone

Contact Name: _____
Greeting required: _____

- ___ Forward phones to designated number
- ___ Take messages and forward via email
- ___ Other _____

Faxes

- Hold for collection
- Forward copy by fax to : _____
- Forward fax via regular mail

Conference Room

Do you need access to a conference room?
 YES NO

Day Use Office

Do you need access to a day use executive suite?
 YES NO

Payment and signed agreement is needed to activate this account.

Signature _____
Date _____

Payment

Billed Monthly
 Credit Card # _____ Exp _____
 Check # _____

Your virtual office request is being processed – you will be contacted to confirm your new virtual office within one business day.

Thank you for you inquiry and welcome to your new office!

www.executechsuites.com

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