

PARK LANE HOUSE BUSINESS SUPPORT SERVICES
APPLICATION FORM

NAME: _____ **DATE OF BIRTH:** _____

COMPANY NAME: _____

NATURE OF BUSINESS: _____

COMPANY ADDRESS: _____

COMPANY WEBSITE: _____

E-MAIL ADDRESS: _____

YOUR HOME ADDRESS: (Please note that this will be checked against electoral register prior to commencement of service).

TEL NO. HOME: _____ **TEL NO. BUSINESS** _____

FAX NO. HOME: _____ **FAX NO. BUSINESS** _____

SERVICE(s) REQUIRED (tick as required)

SERVICE	MONTHLY CHARGE	<input type="checkbox"/>
MAIL HOLDING	£20.00	<input type="checkbox"/>
MAIL FORWARDING	£20.00 + postage	<input type="checkbox"/>
TELEPHONE ANSWERING	£65.00	<input type="checkbox"/>
TELEPHONE ANSWERING WITH DEDICATED VOICEBOX	£85.00	<input type="checkbox"/>
MAIL ACCOMMODATION / TELEPHONE ANSWERING	£75.00	<input type="checkbox"/>
MAIL / TELEPHONE WITH DEDICATED VOICEBOX	£95.00	<input type="checkbox"/>

METHOD FOR PASSING ON MESSAGES please delete as appropriate

TELEPHONE / FAX / E-MAIL / TEXT MESSAGE

TO COMMENCE FROM: _____ / _____ / _____ FINISH (if known) _____ / _____ / _____

METHOD OF PAYMENT please delete as appropriate

CHEQUE / POSTAL ORDER / CASH

DECLARATION

I / WE AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF PARK LANE HOUSE BUSINESS SUPPORT SERVICES AS DETAILED.

SIGNED: _____ **DATE:** _____

PRINT NAME: _____ **POSITION:** _____

PHOTOGRAPHIC ID AND A COPY UTILITY BILL, BANK STATEMENT OR CARD STATEMENT MUST BE PROVIDED – NO MORE THAN 3 MONTHS OLD.

