

Virtual Office Application



Today's Date:_____ ALL INFO IS REQUIRED—PLEASE COMPLETE

Contact Name:	Title:		
Company Name:			
*Company / Home Address:			
(current address—NOT OfficePlace address) street	city	state	zip
Business Phone:	Cell Phone:		
*Email Address:			
Website:			
Nature of business:	How did you hear of us?		
**Mail Preferences:Pick up from mailbox	Forwarded—how often?		
**Send all mail including junk	Toss obvious junk mail		
Forward mail to this address:			
BILLING INFO: *all info required to process payment			
*CC#	Type:		
*EXP:*CVV: *Billing Zip: _			
*Name on Card:			
*Email receipts to			
I authorize OfficePlace, LLC to charge this credit card f	or service fees		
Signature:	Date		
Print Name:			

OfficePlace at 515 Centerpoint Dr. — Doors Unlocked 7:30am -6:00pm

CenterPlace at 101 Centerpoint Dr. — Doors Unlocked 7:00am-6:00pm



OfficePlace, LLC

Manager on site 8:30 am - 4:30 pm

Katherine A. Fuechsel

On-site 8:30 am— 4:30 pm

515 Centerpoint Dr., Client Services

Middletown, CT 06457 Main 860-419-5900

Main - 860-419-5900

Client Services Manager

vices Manager 101 Centerpoint Dr.,

Middletown, CT 06457

CenterPlace

CenterPlace, LLC

Main 860-419-5900