

Office Application



ALL INFO IS REQUIRED—PLEASE COMPLETE

TODAY'S DATE:	Day Office	Temporary	Permanent Office	_
Contact Name:	Title:			
Company Name:				
*Company / Home Address:	reet	city	state	
Type of Business:		, in the second		·
Business Phone:		Cell Phone:		
*Email Address:				
Website:				
How did you hear of us?				
BILLING INFO: *all info re	quired to process payment			
*CC#		Type:		
*EXP:	*CVV: *Billi	ing Zip:		
*Name on Card:				
*Email receipts to				
I authorize OfficePlace, LLC to				
*Signature:			_ Date	
Print Name:				
Offic	ePlace at 515 Centerp	oint Dr. — Doors Unlo	ocked 7:30am -6:00pm	1

OfficePlace at 515 Centerpoint Dr. — Doors Unlocked 7:30am -6:00pm CenterPlace at 101 Centerpoint Dr. — Doors Unlocked 7:00am-6:00pm *Admin on site 8:30 am - 4:30pm*



CenterPlace
The Suites at Centerpoint

OfficePlace, LLC

Katherine A. Fuechsel

CenterPlace, LLC

515 Centerpoint Dr., Middletown, CT 06457

Main 860-419-5900

Client Services Manager

101 Centerpoint Dr., Middletown, CT 06457

Main - 860-419-5900

On-site 8:30 am— 4:30pm