

Meeting Room Application

ALL INFO IS REQUIRED—PLEASE COMPLETE

TODAY'S DATE: _____

Contact Name: _____ Title: _____

Company Name: _____

Company or Home Address: _____
Street city state zip

Type of Business: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Website: _____

How did you hear of us? _____

BILLING INFO: *all info is 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 for 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

Admin on site 8:30 am – 4:30PM

OfficePlace, LLC

515 Centerpoint Dr.,
Middletown, CT 06457

Main – 860-419-5900

Katherine A. Fuechsel

Client Services Manager
Main 860-419-5900

On-site 8:30 am—4:30pm

CenterPlace, LLC

101 Centerpoint Dr.,
Middletown, CT 06457

Main 860-419-5900