

**CEO
CHESAPEAKE EXECUTIVE SUITES**

Client Preferences

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Additional Authorized Person(s) and Title: _____

Please provide your basic contact information for internal use only. We will not provide this information to anyone outside of our operation unless you specify otherwise or unless compelled by law. When your Virtual Office plan begins, we will handle the following services as you specify below until further notice:

MAIL

Regular US Mail

- Hold my mail- I will pick it up on a _____ basis at no additional cost.
(daily, weekly, etc.)
- Forward my mail on a _____ basis to the address (you will be billed for postage).

Overnight Packages

- Call me upon receipt and I will pick up at no additional cost
- Mail to me via regular US Mail (you will be billed for postage)
- Other: _____

PHONE CALLS

Incoming calls will be transferred to voicemail after business hours, on weekends, and on holidays.

Answering Phone Calls

- Answer my calls using the business name above
- Answer my calls using my first and last name above
- Allow all calls to be transferred directly to my voicemail

As a valued client, we want to ensure that our services help you run your business more efficiently and professionally. Please feel free to call us at any time to inquire about administrative support and rental of conference facilities.

Client Signature: _____

Date: _____