CEO CHESAPEAKE EXECUTIVE SUITES

Virtual Office Client Preferences

Company Name:
Contact Name:
Address:
City/State/Zip:
Phone Number:
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:
<u>MAIL</u>
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 administrativ support and rental of conference facilities.
Client Signature: