



APPLICATION FOR VIRTUAL OFFICE

(Please fill out ALL questions on Application completely)

\$40 Application Fee due with completed form

DATE: _____

Business/Company Name:

(Full Legal Name of Individual or Business with any d/b/a or fictitious name(s))

SOLE PROPRIETOR PARTNERSHIP CORPORATION State of Filing: _____ Date Filed: _____

Is it a d/b/a name registered as a "Fictitious" Name? _____ If yes, where: _____ (city, county, state)

Business Phone: _____ Emergency Cell Phone: _____

Email Address: _____

Mailing Address, City, State, Zip: _____

Federal ID / EIN #: _____

Did/Does this business operate under any other name or d/b/a? Please list: _____

Parent Company: _____

Address: _____ Legal Name _____ Incorp./LLP/LLC _____ State of Filing _____ Telephone: _____

For Corporations/ LLP's / LLC's / Sole Proprietors - Please provide the information requested below for all owners, partners or stockholders.

Table with 7 columns: Title, Name, Address, City, State, Zip, Contact Phone No.

Has the business or any owner, principal, officer or stockholder been sued or filed bankruptcy? _____ If Yes, please explain: _____

(Attach separate sheet of paper if necessary for complete explanation)

What is the nature of your business? _____

List the names and title(s) of the individuals who will be authorized to pick-up mail, to schedule and the use of conference and meeting rooms, offices and request other services provided by Park Hill Place: _____

Identify the person authorized to sign the Virtual Office Agreement on behalf of the individual, company, corporation, LLC or LLP:

Table with 5 columns: First, Middle, Last, Title/Position, Contact Phone No. and 5 columns: Home Street Address, City, State, Zip, Email Address

Applicant acknowledges that all information provided is true and accurate as of the date this application was completed.

Date _____

Authorized Signature for Applicant _____

Printed Name and Title of Applicant _____

