

A VENUE BUSINESS CENTRE

STRAIGHTFORWARD OFFICE SOLUTIONS FOR BUSINESSES



Avenue Business Centre Partnership
Partners: Gary Dobbie, Johanna Dobbie
17 New Road Avenue,
Chatham,
Kent, ME4 6BA
Tel: 01634 821100
Fax: 01634 831255

Serviced Office Application Form

Contact Name	<input type="text"/>	Job Title	<input type="text"/>
Company Name	<input type="text"/>	Email	<input type="text"/>
Trading Status	<input type="text"/>	Reg No	<input type="text"/>
Date of incorporation	<input type="text"/>	VAT No	<input type="text"/>
Business Sector	<input type="text"/>		
Registered Address	<input type="text"/>		
	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Invoicing Address (If different from above)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Accounts Contact	<input type="text"/>	Telephone	<input type="text"/>

Payments / Pricing

Contract Start Date	<input type="text"/>	Term (Min 6 months)	<input type="text"/>
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The rental price of your office is a recurring monthly cost, variable costs such as call charges and other 'per item' charges will be invoiced monthly in addition to your license fee, according to usage; all serviced offices require a months deposit in advance along with first months payment. For more detailed descriptions of services and additional service prices please refer to the welcome brochure.

Payments are required by cheque or cash in the first instance and by BACS / bank transfer thereon, these payments must clear by the 1st of every month, payments which do not may be subject to late payment charges. If your contract does not start at the beginning of the month, you will charged up until the end of the month, in order for you to pay by the 1st of every month thereon. Deposits, along with the first month's payment are required prior to signing the license agreement; please see terms and conditions for more information

Bank Details

Bank /Building society	<input type="text"/>		
Branch Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Accountant Details

Bank /Building society	<input type="text"/>		
Branch Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

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How many telephone lines will you require?

Digital or analogue?

Yes please No thank you Any

Will you require a free 0845 number?

Yes please include my free* 0845 number No thanks, I am not interested

Will you be sharing our fax line

Yes please, I would like to share a fax line No thanks, I am not interested

Personal Details

Full Name

Previous Names

Home address

Postcode

National Ins No

Email Address

Mobile

Telephone

National Insurance

Do any of the following apply to you?

- Any CCI's?
 Ever been declared bankrupt?
 Any criminal convictions?
 Any administrative orders?
 Directorship in another company

Are you a....

Homeowner Council Tenant Private Tenant Private tenant Other _____

Next of kin

Contact Number

Will you be changing your registered address to Avenue Business Centre?

Yes No

Will you require broadband? *By selecting yes this will automatically be added to your first invoice*

Yes No

Which payment method will you be using initially ?

Cash Cheque BACS

Are you happy for us to include your details on our website directory?

Yes No

Will you or your employees need to bring any medication on to the premises?

Yes No

Do you or any of your employees have any medical conditions which we need to be aware of which may require first aid from others?

Please provide details of medication required and action which may need to be taken.

Serviced Offices ♦ Registered Address ♦ Telephone Answering ♦ Mail Collection ♦ Meeting Rooms

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Surety guarantor / Character reference

Full Name	<input type="text"/>		
Previous Names	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>

Trade reference

Full Name	<input type="text"/>		
Previous Names	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Telephone	<input type="text"/>

Licensees should take out their own business and contents insurance and conduct their own PAT testing where appliances have been provided by the client.

I confirm that all of the information is correct and i authorise the data to be used in order to carry out credit searches and reference check, i understand that my information will be stored in compliance with the data protection act 1988.

I understand that if i default on my licensed obligations, this information may be passed on to authorised debt recovery agencies and could adversely affect my future credit rating.

Completing this form does not commit the prospective licensee or landlord to a tenancy. A shared or single license will not be created until all applicants have been qualified and have signed the agreement

You understand that by providing your personal details your contact details will also be included in the license agreement between yourself, your company and Avenue Business Centre. The license agreement will not be processed without nominated person's personal details.

I confirm that I have read and understood the conditions above and have provided to the best of my knowledge information which is true and up to date for the named company. I understand that additional items will be charged on top of my monthly fee and are payable within seven days of invoicing

Please ensure that all questions which are applicable have been answered and ensure that each page has been initialed

For and on behalf of the client

Name (printed)	<input type="text"/>	Signed	<input type="text"/>	Date	<input type="text"/>
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For and on behalf of Avenue Business Centre

Name (printed)	<input type="text"/>	Signed	<input type="text"/>	Date	<input type="text"/>
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As witnessed by

Name (printed)	<input type="text"/>	Signed	<input type="text"/>	Date	<input type="text"/>
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Instructions

Please send your completed application form, together with your cheque to the address below or fax to us. All initial payments are required by cheque and by bacs payment thereafter. Please enclose a copy of you driving license or passport; we regret that we cannot process an application without this.

Avenue Business Centre Partnership

17 New Road Avenue,
Chatham
Kent,
ME4 6BA

Tel: 01634 821100 Fax: 01634 831255

Email: applications@avenuebusinesscentre.co.uk

Our bacs details are as follows:

Company Name: Avenue Business Centre Partnership

Bank: Abbey Bank

Account Number: 41772117

Sort Code: 09-06-66

Avenue Business Centre is the generic trading name of Avenue Business Centre Partnership 17 New Road, Chatham, Kent, ME4 6BA. For the purposes of this agreement, the 'Provider' is the Avenue Business Centre Partnership and the 'Client' is the signatory to this agreement.