



CONFIDENTIAL APPLICATION FORM

NAME: _____

COMPANY NAME: _____

NAME in which mail/messages will be received if different: _____

YOUR HOME OR CONTACT ADDRESS (Completely confidential): _____

Tel No: _____ Mob: _____

Email: _____ Fax: _____

SERVICE(S) REQUIRED (tick as required):

Table with columns: SERVICE(S) REQUIRED, 1Mth, 3Mth, 12Mth, and a dotted line column. Rows include Mail Service, Telephone Service, Fax Service, Email Service, and Full Service options.

Other:

* add one-off connection charge £25
A deposit is required in advance to cover MAIL/FAX/PHONE forwarding costs, please ask for details.

To Commence From : ___/___/___ FOR ___ MONTHS

CASH/CHEQUE/CREDIT CARDS (All Cards 5% Surcharge-Min £2.50) PAYMENT AMOUNT :£_____.

Cardholder Name:..... }
Address:..... } Must be as on card

CREDIT CARD NO: _____ EXP:___/___
VISA/MASTER/SWITCH/SOLO SWITCH ISSUE NO : _ _

I/We agree to abide by the terms and conditions as enclosed.

SIGNATURE: _____ Date : ___/___/___