

SERVICED OFFICE BOOKING FORM

Please use this form to obtain a quote and/or make a booking.

COMPANY INFORMATION		
Company Name		
Contact Name		
Postal Address		
Phone #		
Mobile Phone #		
Fax #		
Email Address		
REQUIREMENT DETAILS		
Size Required <small>(e.g. Number of Desks)</small>		
Anticipated Commencement Date		
Length of Term		
INITIAL SET UP	QTY Required	
	Directory Board Signage	
	Internet Connection	
	Phone / Fax Line Connection	
ONGOING REQUIREMENTS		
Extra Furniture <small>(Please Specify)</small>		
Extra Equipment <small>(Please Specify)</small>		
SERVICES	Phone Line	Fax Line
	Voicemail	Internet Usage
	Public Liability Insurance	Storage (# of Bays)
	Telephone Answering Service	Daily Postal Service
SPECIAL REQUESTS		



A division of:
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