

CLIENT INFORMATION FORMS

Please fill out the following pages and return them to us as quickly as possible so we can activate your account.
If a question does not apply to you and your business, please leave it blank.

Your name: _____

Company name: _____

Your title or position: _____

Birthday (month & day only): _____

Description of your company's service or product (if you are an attorney, please site what kind of law you practice):

Important Numbers:

Can we release this information to callers?

	Yes	No
Alternate Office: _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Fax: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Website: _____	<input type="checkbox"/>	<input type="checkbox"/>
Twitter Address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Home Address: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

How do you want to receive your invoice each month ("*E-mail Only*" – get \$15.00 off your 1st invoice)? _____

What 5-digit code would you like for your long distance, VM, and copier access code (*cannot contain any repetitive or sequential numbers, is: 12345 or 55555*)? _____

Where do you want your day-time calls routed to? _____

Where do you want your after-hours calls routed to? _____

If a caller or visitor asks for your fax number, what number should we give them? _____

Is there anything else we need to know to take calls and greet your visitors in a professional manner? _____

Is there an individual and / or telephone number to which we can connect "panic" calls from your clients? _____

In case of evacuation, would you need assistance in order to leave the building (please circle one)? YES NO

In case of emergency (i.e.: you are injured while at the office), who, other than 911, should we contact?

Name: _____ Phone: _____

PLEASE LIST HOW YOU WOULD LIKE YOUR COMPANY & REPRESENTATIVES TO BE LISTED IN OUR DIRECTORIES

Company Name as You Would Like it Listed on Main Lobby Directory:

Name(s) of Company Representatives That You Would Like Listed on Main Lobby Directory:

Name(s) of Company Representatives That You Would Like Listed on Office Sign(s):

(Available only for Full-time Office Clients at our Cherry Creek Suite, Individual Names Only Will Be Posted)

Company Name as You Would Like it Listed on 5th Floor Lobby Directory Listing:

(Max. of 26 characters, including punctuation & spacing)

(Available only for Full-time & Virtual Office Clients at our Cherry Creek Suite for a one-time fee of \$70.00, Not Office Center Membership Clients – By Filling Your Company Name in Here, You Are Agreeing To This \$70.00 Fee)

On-line Directory

We have an on-line directory of its current clients and various vendors. Please list below the information that you would like to have listed for your company on this on-line directory. If you prefer not to have any of this information listed, please leave blank.

BUSINESS / INDUSTRY TYPE: _____
(Attorneys – Please be specific about what type of law)

Company Name: _____

Principal Agent's Name: _____

Company Address: _____

Company Phone Number: _____

Company E-mail Address: _____

Company Web Address: _____

DISTRIBUTION OF YOUR COMPANY NAME

- May we include your name on our brochure listing of current clients? YES NO
- May we send out a Twitter announcement welcoming you to our office suite? YES NO
- May we send out a new client announcement via our LinkedIn Group page? YES NO
- Do you have a blog that you would like included in our "blogroll"? YES NO

If yes, please list the url here: _____