

# RIVINGTON BUSINESS CENTRE

## BOOKING FORM

Rivington House, 82 Great Eastern Street, London, EC2A 3JF

Telephone: 020 7749 7200 Facsimile: 020 7739 8683 E-Mail: [rivton@aol.com](mailto:rivotn@aol.com)

<b>Company Name:</b>
<b>Address:</b>
<b>Director/Proprietor:</b>
<b>Nature of Business:</b>
<b>Telephone Number:</b>

SERVICES	COST		COLLECT	PERIOD								
MAIL	<input style="width: 100%;" type="text"/>	<b>MAIL FORWARD</b>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Monthly</td> <td style="width: 20px;"><input type="text"/></td> </tr> <tr> <td style="padding: 2px;">3 Months</td> <td><input type="text"/></td> </tr> <tr> <td style="padding: 2px;">6 Months</td> <td><input type="text"/></td> </tr> <tr> <td style="padding: 2px;">1 Year</td> <td><input type="text"/></td> </tr> </table>	Monthly	<input type="text"/>	3 Months	<input type="text"/>	6 Months	<input type="text"/>	1 Year	<input type="text"/>
Monthly	<input type="text"/>											
3 Months	<input type="text"/>											
6 Months	<input type="text"/>											
1 Year	<input type="text"/>											
TELEPHONE	<input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">DAILY</td> <td style="padding: 2px;">TWICE WEEKLY</td> <td style="padding: 2px;">WEEKLY</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DAILY	TWICE WEEKLY	WEEKLY	<input type="text"/>	<input type="text"/>	<input type="text"/>				
DAILY	TWICE WEEKLY	WEEKLY										
<input type="text"/>	<input type="text"/>	<input type="text"/>										
MAIL & TELEPHONE	<input style="width: 100%;" type="text"/>											
FAX	<input style="width: 100%;" type="text"/>	<b>TELEPHONE</b>	<input type="checkbox"/>									
MAIL, TEL & FAX	<input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Phone Through</td> <td style="padding: 2px;">Post Daily</td> <td style="padding: 2px;">Post With Letters</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Phone Through	Post Daily	Post With Letters	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone Through	Post Daily	Post With Letters										
<input type="text"/>	<input type="text"/>	<input type="text"/>										
BUSINESS PACK	<input style="width: 100%;" type="text"/>											
CONNECTION CHARGE	<input style="width: 100%;" type="text"/>	<b>FAX</b>	<input type="checkbox"/>									
OTHER	<input style="width: 100%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Phone Message</td> <td style="padding: 2px;">Post Daily</td> <td style="padding: 2px;">Fax Through</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Phone Message	Post Daily	Fax Through	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone Message	Post Daily	Fax Through										
<input type="text"/>	<input type="text"/>	<input type="text"/>										
DEPOSIT	<input style="width: 100%;" type="text"/>											
<b>TOTAL</b>	<input style="width: 100%; border: 2px solid black;" type="text"/>											

FORWARDING INSTRUCTIONS \_\_\_\_\_

**IF DIFFERENT FROM ABOVE** \_\_\_\_\_

HOW DID YOU HEAR OF US? \_\_\_\_\_

ARE YOU REGISTERED FOR VAT?      **YES**       **NO**

**SIGNATURE** \_\_\_\_\_      **DATE** \_\_\_\_\_

**CHEQUES TO BE MADE PAYABLE TO RIVINGTON SECRETARIAL SERVICES**