



Virtual Office Order Form

Supplier **Regal Professional Centre P/L**
ABN 48 079 322 919

Business Name.....
Name of Authorising Contact Person
Address.....
.....
Contact Number.....
Email.....
Address.....
Website.....
Date of Occupation / /

Virtual Office Package

Virtual Office \$ 12 per week
Virtual Office PLUS \$ 33 per week

Method of Payment

Direct Deposit
NAB - BSB 082-711 A/c No – 1792 561 95
Note Please leave Business Name as reference on all transfers

Credit Card Payment

Visa **Mastercard**
Name on Card
Card No. / / / Exp Date /
CVV.....

Total Payment Amount \$ per month*

Billed Quarterly in advance

Authorised Signature
Date..... /..... /.....

*All prices are inclusive of GST. Regal Professional Centre has the right to alter these prices at any time at our discretion. Minimum three months contract and one month's notice to cease.