

Clarendon House Serviced Offices

Phone: +353 (0)1 677 9699
Fax: +353 (0)1 677 9701
E-Mail: FrontDesk@ClarendonHouse.ie

34-37 Clarendon Street
Dublin 2
www.ClarendonHouse.ie

This **License** is made the ____ day of _____, of the year 20____ between:

Colm O Cleirigh t/a Clarendon House Serviced Offices care of
Westcourt Management Services Ltd. of 21 Wicklow St, Dublin 2 (Hereinafter called "The
Licensor")

And:

Licensee's PPS Number & Company

Registration Number _____

Licensee's Mobile Phone Number _____

Licensee's E-Mail Address _____

Postbox & phone divert

Dublin 2 business address

24 hour post-box access

Dedicated phone line

Call forwarding

€33.33 Monthly

3 month minimum

Licensee:

Date:

Signed: _____

Address:

We contact you to deliver keys and access codes

You have 24 hour access to your postbox

We contact you whenever messages / packages arrive

Thanks for choosing our virtual office!

Check List:

1. Copy of state ID (Passport / Drivers License)
2. Original recent utility bill (Electricity / Gas / Television / Bank statement)
3. Signed application form
4. Remittance

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Standing Order

Details of Account to be Debited

Bank & Address:	Account Name:	<input type="text"/>
<hr/>	Account Number:	<input type="text"/>
<hr/>	Sort Code:	<input type="text"/>
<hr/>	Originator Narrative:	<input type="text"/>
Please set up the following standing order and debit my/our account accordingly		

Payee (Beneficiary) Details

Bank & Address:	Account Name:	Westcourt Management
Ulster Bank	Account Number:	15732416
63 Ranelagh Rd	Sort Code:	98-50-50
Dublin 6	Payee Narrative:	<input type="text"/>

Payment Details

Frequency of Payment:	<input type="text" value="Monthly"/>	
Date & Amount of First Payment:	<input type="text"/>	€ <input type="text"/>
Date & Amount of Ongoing Payments: (If different from the first payment)	<input type="text" value="-"/>	€ <input type="text" value="-"/>
Date & Amount of Last Payment:	<input type="text" value="-"/>	€ <input type="text" value="-"/>
Or Until Further Notice: (Payments will be made until you cancel this instruction)	<input checked="" type="checkbox"/>	

Customer Signature: _____

Date: _____