THE VIRTUAL OFFICE AGREEMENT

THIS SERVICE AGREEMENT is made this _____day of _____, 20____ by and between

(Your Company Name) _____, ("Client") and **The Virtual Office.**

1. TERM OF AGREEMENT: Either party may terminate with 30 days written notice. Client hereby receives from the Virtual Office license to Client solely for performance of the Services set forth in Section 3 below. This Agreement is NOT A LEASE and does not grant Client any right as a tenant in the Facility.

2. LOCATION: Client will use the following address in conjunction with the services specified in Section 3:

6370 West Flamingo Road, (Individual Suite no. to be assigned) 14K_____, Las Vegas, NV 89103.

3. SERVICES INCLUDE:
   A. Individual Suite Number at a Monthly Fee of $45.00 per month.
   B. Mail forwarding. Scan and Email: Free. Re-mail: The actual cost of postage will be charged plus 15% of the postage amount to cover envelopes, materials, etc.
   C. Post any professional license associated with your company in the office.

4. FEE: Client agrees to pay The Virtual Office the Monthly Fee plus any additional cost for postage accrued without any deduction or offset payable in advance on the first day of each month. Any mail forwarding costs will be billed on a monthly basis. If any amount due is not received by the 10th day of the month in which they are due, The Virtual Office may declare Client in default of this Agreement and may terminate all services.

5. MONTHLY FEE WILL BE PAID BY: CREDIT CARD or DEBIT CARD

6. GOVERNING LAW: This Agreement shall be interpreted according to the laws of the State of Nevada.

7. FORWARDING TO THIRD PARTIES: The Virtual Office will not forward mail to third parties.

8. LEGAL NOTICES AND OTHER INDICATIONS OF ILLEGAL ACTIVITY: If there is any indication of illegal activity or the possibility thereof, The Virtual Office Agreement will be cancelled immediately.

9. MAIL FORWARDING AT TERMINATION: Upon the termination of this Agreement, Client acknowledges and agrees that mail cannot be forwarded by the United States Post Office because of the nature of the service provided. First Class Mail received after termination will be returned to Sender.

Your Mailing/Billing Address: _____

Your Phone Number: _____ Email Address: _____

Provide a brief description of your business: _____

Monthly invoices will be sent by email to your email address

1. How do you want to receive your forwarded mail? (**CHOOSE ONE**)
   _____ Opened, Scanned and Emailed
   _____ Unopened, Re-Mailed
   _____ Unopened, Pick up at Office: Mornings preferred by appointment

2. If you selected **Re-Mailed** – please answer the following questions. How often do you want mail sent? (**CHOOSE ONE**)
   ____ Daily (when you receive mail it will be sent out by the next business day)
   ____ Once a week – What day of the week _____
   ____ Once a month – What day of the month _____

AGREEMENT FOR PRE-AUTHORIZED CREDIT OR DEBIT CARD PAYMENTS

I, _____ (printed name), hereby authorize THE VIRTUAL OFFICE to process my credit card as indicated below.

Card Number: _____

Exp Date: _____ **Do not include the 3-digit security code**

This authorization is to remain in force and charged in the amount of the monthly invoice. This credit or debit card will be charged on the 1st day of each month unless canceled by Client. Card authorization may be canceled at any time by phone or email.

Client will be responsible to notify The Virtual Office of any exception to charges as documented by the invoice provided to me each month. Such notification must be provided to The Virtual Office immediately after the monthly invoice is received.

The Virtual Office

By: _____
Chet Bushnell, Manager
tvolvn@gmail.com
Phone: 702-682-4614

Client: _____
Company Name

_____
Your Title

By: _____
Printed Name

By: _____
Signature