



BROADVIEW DREAM CENTER

1810 ROOSEVELT ROAD, BROADVIEW, IL 60155 708-613-8813

Broadviewdreamcenter.com

Business Application Agreement

Business Name	_____	Mailing Address, City, State & Zip Code	_____
Phone Number	_____	Email Address	_____
Social Media Handle Name	_____	TWITTER <input type="checkbox"/>	_____
FACEBOOK <input type="checkbox"/>	_____	SNAPCHAT <input type="checkbox"/>	_____
INSTAGRAM <input type="checkbox"/>	_____	TIKTOK <input type="checkbox"/>	_____
WEBSITE <input type="checkbox"/>	_____		

Select Services:

Check the boxes for all services needed to enhance your business brand. Make sure to sign and date confirming your requested services.

BUSINESS ADDRESS ONLY
\$40 PER MONTH + \$50 ONE TIME ADMIN FEE
- MAIL SERVICE

VIRTUAL PHONE NUMBER ONLY
\$50 PER MONTH + \$50 ONE TIME ADMIN FEE
- VOICEMAIL
- FAX NUMBER

Please note that an administrative fee is due upon signing the business application agreement. This fee covers the cost of setting up your account and is non-refundable.

This business application agreement will automatically renew at the end of the agreement term unless either party give the other written notice of termination a month before the end of the term.

VIRTUAL OFFICE
\$80 PER MONTH + \$75 ONE TIME ADMIN FEE
- MAIL SERVICE
- BUSINESS ADDRESS
- PHONE NUMBER W/VOICEMAIL
- VIRTUAL FAX NUMBER

DEDICATED DESK
\$785 PER MONTH + \$100 ONE TIME ADMIN FEE
- MAIL SERVICE
- BUSINESS ADDRESS
- PHONE NUMBER W/VOICEMAIL
- VIRTUAL FAX NUMBER
- HIGH SPEED SECURE INTERNET

MEETING ROOM
\$30 PER HOUR + \$10 ONE TIME ADMIN FEE
- HIGH SPEED SECURE INTERNET

*FOR RENTAL OFFICE SPACE, CALL FOR MORE INFORMATION

Client Signature

Date



FORM OF PAYMENT – DUE 1ST OF EVERY MONTH

Quickbooks Invoice Payment

TOTAL SERVICE AMOUNT: _____

Name

Print

Signature

Date

_____|_____|_____|

MM DD YY

OFFICE USE ONLY:

SUITE # _____

DESK WORKSPACE NUMBER # _____

TELEPHONE NUMBER # _____

FAX NUMBER # _____

MAIL PICKUP NAMES:

1. _____

2. _____

MEMBERSHIP START DATE: _____

MEMBERSHIP END DATE: _____

RECEIVED BY: _____

OFFICE STAFF MEMBER

DATE ENTERED: _____