**VIRTUAL Tenant OFFICE AGREEMENT**

**THIS AGREEMENT** is made and entered into this _____, 20__ by _____ and Live Answer Receptionist, LLC whose address is 1230 Oakley Seaver Dr, Suite 101, Clermont, FL 34711.

**TERM:** This Agreement shall commence on the _____, and is a month to month agreement. To terminate, client must provide a thirty (30) day written notice to Live Answer Receptionist, LLC at 1230 Oakley Seaver Dr, Suite, 101, Clermont, FL 34711

**SERVICES RENDERED:** Under this Agreement, Live Answer Receptionist, LLC, provides mail receipt between the hours of 9:00 am through 5:00 pm excluding weekends and holidays.

**This agreement is for professional business address, mail receipt, copier access, pick-up & drop-off services, and access to a-la-càrte services.**

**COMPENSATION:** CLIENT agrees to remit to Live Answer Receptionist, LLC a subscriber fee of **$75.00** per month due and payable on the first (1st) day of each month without invoice or demand, though monthly invoices will be rendered to reflect all charges incurred, plus applicable taxes. A late penalty of eight (8) percent on any balance or five dollars ($**5.00**) per day, whichever is greater, will be charged after a four (4) day grace period, until the subscriber fee and services charges are paid. Payment is due on the 1st and late after the 5th day of each month.

**SET-UP CHARGES:** A one-time charge of **$99.00** will be required to cover initial set-up expenses.

**A-la-càrte Services:** Local Telephone number: $20.00/month
B&W Copies: $0.35 each; Color Copies: $1.00
Scans: $0.25 each;
Coffee: $0.75 each;
Mail forwarding: Actual Postage and Envelop cost

Conference Room 1 = $50.00/hour
Conference Room 2 = $50.00/hour
Conference Room 3 = $35.00/hour

**MAIL PROCEDURES**: Mail will be received by Clermont Professional Executive Offices d.b.a. Live Answer Receptionist, LLC and CLIENT will be notified via email each time mail is received. Mail will be held for pick up for up to thirty (30) days unless CLIENT opts to purchase our mail forwarding service. **Mail not picked up within 30 days will be forwarded to you and you will be charged postage plus a $5.00 forwarding fee.**

**AFTER HOURS/CANCELLATION:** The conference rooms are available for rent between 9:00am and 5:00pm Monday through Friday (excluding major holidays). Any meeting/conference that is before 9:00am or after 5:00pm will result in and extra hourly charge of time plus one/half. Cancellations must be made in writing (email is acceptable). - Cancellations made the same day will be charged for the full amount of hours scheduled for that appointment. - Cancellations made the prior business day must be made before 5pm and will be charged for half of the amount of hours scheduled for that appointment. In order not to be charged for your appointment, Cancellations must be made at least two business days before 5pm, prior to your appointment.

**SECURITY DEPOSIT:** Simultaneous with execution of this Agreement. CLIENT shall deposit with Clermont Professional Executive Offices a refundable, non-escrowed deposit in the amount of **$75.00** to guarantee full and faithful performance of this Agreement. Deposit waived when a credit card is placed on file.

**ENTIRE AGREEMENT:** The foregoing represents the entire Agreement between both parties. Any changes to this Agreement will be made in writing, signed by both parties. I hereby relieve Live Answer Receptionist, LLC of responsibility for any loss, delay or inaccuracy of any messages. Live Answer Receptionist, LLC does not assume any liability for any damage, expense, or other associated cost arising from said loss, delay, or inaccuracy as a result of any operation problem and/or act of GOD which is beyond our control.

| |
|---|
| **COMPANY NAME** |
| **BILLING ADDRESS AND CONTACT NAME**<br>(Must be physical address other Live Answer Receptionist, LLC address) |
| **Email Address** |
| **Office Number** |
| **Cellphone Number** |

Client

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Signature Date

_____

Print

_____

Title

Live Answer Receptionist, LLC

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Scott F. Keiber Date
General Manager

United States Postal Service®

# Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

**NOTE:** The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. *(Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)*

3a. Address to be Used for Delivery *(Include PMB or # sign.)*
1230 Oakley Seaver Drive

3b. City: Clermont | 3c. State: FL | 3d. ZIP + 4®: 34711

4. Applicant authorizes delivery to and in care of:

a. Name: Clermont Professional Executive Offices

b. Address *(No., street, apt./ste. no.)*: 1230 Oakley Seaver Drive

c. City: Clermont | d. State: FL | e. ZIP + 4: 34711

5. This authorization is extended to include restricted delivery mail for the undersigned(s):

6. Name of Applicant

7a. Applicant Home Address *(No., street, apt./ste. no)*

7b. City | 7c. State | 7d. ZIP + 4

7e. Applicant Telephone Number *(Include area code)*

8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a.

b.

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

9. Name of Firm or Corporation

10a. Business Address *(No., street, apt./ste. no)*

10b. City | 10c. State | 10d. ZIP + 4

10e. Business Telephone Number *(Include area code)*

11. Type of Business

12. If applicant is a firm, name each member whose mail is to be delivered. *(All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)*

13. If a CORPORATION, Give Names and Addresses of Its Officers

14. If business name *(corporation or trade name)* has been registered, give name of county and state, and date of registration.

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature from Authorized Clermont Professional Manager

16. Signature of Applicant *(If firm or corporation, application must be signed by officer. Show title.)*

# Credit Card Authorization

Company Name: _____

**I wish to pay by credit card until I revoke authorization in writing with 30 days notice:**

Card # _____

Expires (MM/YY) _____ 3-digit Security Code _____

Check One ☐ Visa ☐ M/Card ☐ AMEX

Name (on card) _____

Address_____

City _____State _____ZIP _____

Disclaimer: In Signing you acknowledge that You have read and agreed to the LiveAnswerReceptionist Standard Terms and Conditions (LiveAnswerReceptionist.com/tandc.pdf)

**Subscriber Signature** _____Date_____

LIVEANSWER RECEPTIONIST.COM

CPEO Clermont Professional Executive Offices