



8565 S. Eastern Ave. #150
Las Vegas, NV 89123
(702) 843-5300

Reception@easternexecutivesuites.net

www.EasternExecutiveSuites.com

Office Service Contract

Company Name: _____ Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

Start Date: _____ Term: _____ End Date: _____

Additional Services Added: _____

Mail Forwarding Frequency: _____ Additional Fees: \$ _____

Monthly Recurring Fees: \$ _____

Mail/Packages Forwarding Address: _____

City: _____ State: _____ Zip: _____

Package selected: **** First payment will be pro-rated and processed immediately. ****

<input type="checkbox"/> Business Address (\$49) * Use of Business Address * Mail and Package Handling * Business License Hanging * Lobby Directory	<input type="checkbox"/> Silver Package (\$79) * Use of Business Address * Mail and Package Handling * Business License Hanging * Lobby Directory * 5 Hours in Conference Room	<input type="checkbox"/> Registered Agent (\$99) * Use of Business Address * Mail and Package Handling * Business License Hanging * Lobby Directory * 5 Hours in Conference Room * Registered Agent Service * Free Mail Scanning
<input type="checkbox"/> Silver Package (\$125) * Use of Business Address * Mail and Package Handling * Business License Hanging * Lobby Directory * 8 Hours in Conference Room * Dedicated Local Phone Number * Automated Attendance * Voicemails to Emails * Registered Agent Service		<input type="checkbox"/> Gold Package (\$159) * Use of Business Address * Mail and Package Handling * Business License Hanging * Lobby Directory * 10 Hours in Conference Room * Dedicated Local Phone Number * Voicemails to Emails * Live answering M-F 8:30am-5pm * Registered Agent Service

Scan to Email - The cost to scan mail and email is \$6 per piece of mail. Client will need to give written authorization for EES to open, scan and email all mail to the client before any mail is scanned. This fee will be charged to the clients account on file. EES will choose the forwarding method that costs less to the client unless the client states a preference.

Signature: _____

Print Name: _____

Title: _____

Email Address: _____

Please contact us via phone at (702) 843-5300 or email at Reception@EasternExecutiveSuites.net for additional information.

TERMS AND CONDITIONS

Clients must comply with any and all terms and conditions and will all the house rules and regulations impose generally on all users of the center. Either EES or the client can terminate this agreement at the end of the day stated on the contract by giving a thirty (30) day notice. EES may put an end to this agreement immediately by giving the client notice and without need to follow any additional procedure if the client is in breach of one of its obligations. In the event that EES is permanently unable to provide the services and accommodations at the center, then this agreement will end and the client will only have to pay monthly office fees up to the date it ends.

EES DOES NOT MAKE ANY REPRESENTATIONS AS TO THE SECURITY OF EES' NETWORK (OR THE INTERNET) OR OF ANY INFORMATION THAT THE CLIENT PLACES ON IT.

The client may use the center address 8565 S. Eastern Ave #150 Las Vegas, NV 89123 as its business address. Any other uses are prohibited without EES' prior written consent. Client will conduct its own diligence and satisfy needed government/city permits or licenses needed to conduct business from EES including any and all zoning requirements. The client must comply with all relevant laws and regulations in the conduct of its business. The client must do nothing illegal in connection with its use of the center. The client must not do anything that may interfere with the use of the center, cause any nuisance or annoyance, and increase the insurance premiums EES has to pay, or cause loss or damage to EES.

To the maximum extent permitted by applicable law, EES is not liable to the client in respect of any loss or damage the client suffers in connection with this agreement. EES is not liable for any loss as a result of EES' failure to provide a service as a result of mechanical breakdown, failure in internet connection, failure in phone connection, utility loss etc. The client shall provide written notice of such failure and give EES a reasonable period as determined by EES to put it right. EES will not in any circumstances have any liability for loss of business, loss of profits, loss of anticipated profits and/or savings, loss of or damage to data, third party claims or any consequential loss. EES strongly advises the client to insure against all such potential loss, damage, expense or liability.

Client shall defend and indemnify EES and save it harmless from and against any and all liability, damages, costs, or expenses, including attorney's fees. Arising from any omission, or negligence of client, or its contractors, licensees, agents, servants, or employees, or arising from any accident, injury, or damage, howsoever and by whomsoever caused, to any person or property, occurring in or about the premises or any park thereof, the sidewalks adjoining the same. EES assumes no responsibility or liability for any damage to motor vehicles of clients, its customers, employees, or invitees, or for loss of property from such motor vehicles. EES shall not be liable to client or anyone else for any loss or damage, including damage to any's property.

ADDITIONAL SERVICES/A' LA CARTE

- Weekly Mail Forwarding \$10 + Postal Charges
- Notary Public Service \$15/per Signature
- Conference Room \$25/Hourly or \$180/Day
- Scan to Email \$6/per piece of mail
- Local Fax \$10/Monthly
- Commercial Registered Agent \$50/Yearly

USPS FORM 1583

USPS Form 1583 (Application for Delivery of Mail through Agent) must be filled out completely, notarized and returned to us along with 2 forms of identification. Our office will forward this information to the United States Postal Service in order for mail delivery to begin. Two forms of identification must be returned with a signed executed contract in order for service to start. The USPS form must be on file with 2 forms of identification before any mail will be released or forwarded.

Per USPS regulations, Certified, Registered, or Insured, mail or parcels will be accepted by Eastern Executive Suites on behalf of the applicant's name only. EES hereby states that we will not accept any packages that have a C.O.D charges attached to the package or mail. Applicant shall only use the address designation. **NO OTHER DESIGNATION IS VALID.**

The U.S. Postal Service may refuse to deliver any piece of mail that does not include the suite #. Applicant is responsible for notifying correspondents of the above address; the address is to be used by Applicant for the purpose of receiving Mail/Packages as outlined in the contract.

Upon termination of services by EES or failure to pay rent in advance by Applicant, EES shall make sure that the Applicant's mail/packages are not available without payment theretofore. Applicant understands that the United States Postal Service will not forward or return mail without payment, and will not accept a Change of Address. At termination of service, Applicant, if he/she wishes to have mail forwarded after that date, shall provide EES with a forwarding address and pay the required fees. In the event Applicant fails to do this, EES shall refuse any and all further mail and, in case of mail already received, handle such mail in accordance with the USPS DMM D042.2.6 Regulations.

CONFERENCE ROOM/DAY OFFICE RENTAL

Conference Room is available Monday – Friday from 8:00am – 5:00pm. Conference room is NOT unavailable for bookings on Saturday's and Sunday's and all Major Holidays. All bookings of the Conference Room on Saturday's are subject to approval and can only be rented for the full day. Should you book the conference room and your client fails to arrive to the appointment you will still be subject to half of the total fee of the rental. Payment is due in full on the day of use. All cancellation must be done 24 hours prior, if notice to cancel is not received within 24 hours you will be subject for half of the total fee of the rental.

MAIL/PACKAGE PICKUP

Client will be notified by email when they have mail or packages to be picked up. **Mail:** Client will have 1 week (7 business days) to pick up all mail. If mail is not picked up within that time frame all mail will be forward to them via USPS at their expense and sent to the address listed on the front page of the contract. **Packages:** Client will have 48 hours to pick up all packages after being notify. If packages are not picked up within 48 hours, packages will be returned to sender. **No packages over 50 lbs. will be accepted and no deliveries on pallets will be accepted.**

MAIL/PACKAGE FORWARDNG

Applicant appoints EES as the agent for the recipient for a period not to exceed that for which rent has been paid in advance.

Every Friday, EES will collect and forward all Client's mail and will charge only the postage fees to the account on file, should client wish to have mail done bi-weekly or monthly the mail will be send on Friday's as well. **All payment for postage will be done at the end of month.** Once EES has forwarded Applicant's mail/packages with a tracking number, the mail/packages shall be deemed to have been forwarded and Eastern Executive Suites shall not be responsible for loss, theft, or damage.

Should Applicant request that the forwarding address be change it must be requested in written. **Applicant agrees and understands that Eastern Executive Suites does not ship any packages or mail internationally.**

Eastern Executive Suites does not engage in the delivery of mail and cannot be responsible for failure of the United States Postal Service/FedEx or UPS to deliver mail, or to deliver it in a timely fashion or an undamaged condition.

Mail/Packages will not be accepted for more than one (1) person or organizations per contract. If client wishes to receive mail for more than one (1) person or organizations a discount will apply. If applicant consistently receives substantially more mail/packages in a single week then Eastern Executive Suites deems they can handle then Eastern Executive Suites reserves the right to increase changes based upon average daily volume but will not exceed \$5 handling fee per package. An unusually high volume of mail will result in higher fees being charges, or termination of contract with notice. Applicant also agrees that the packages do not contain any hazardous or dangerous materials. Failure to adhere to any of these parcel delivery stipulations will result in termination of service.

SCAN TO EMAIL

EES can scan and email all mail to you for a fee of \$6 per scan/piece of mail. Client may instruct EES with written authorization, to open, scan and email all mail to the designated email address on file. Once the original has been scanned, we will then shred.

In the event that the mail arrives that cannot be scanned (checks, debit cards, etc.) we will forward to you using USPS tracking, and your account on file will be charged the postal fee at that time.

PAYMENT DETAILS

You will receive your invoice by email. Your invoice will be forwarded approximately 1 week prior to your due date. Monthly invoices will include recurring charges and variable expenses for the month prior. **PAYMENT IS DUE THE 1st OF EACH MONTH.** Applicant agrees to use services in accordance with Eastern Executive Suites rules in compliance with the U.S. Postal Regulations, as well as local, state, and federal statutes and regulations. Failure to do so may result in cancellation of service, without notice, refund, or mail forwarding. Applicant agrees to protect, indemnify, and hold Eastern Executive Suites harmless from and against any and all claims, demands, and causes of action any nature whatsoever relative to the use of Eastern Executive Suites facilities or services.

PHONE SERVICE

* Gold Package is based on approximately 40/calls a month. This package will be periodically reviewed for call quantity. If in the event the client exceeds the quantity, EES is to contact the client and discuss the options prior to any price increase. The next calling tiers will follow: 100 calls per month will be an additional \$110/month, 200 calls per month will be an additional \$190 a month on top of the price of the present package price. **Any cancellation of phone services will result in a \$25 disconnect fee, and clients wishing to take the phone number with them and have it ported will be subject to a one-time fee of \$50.**

TERMINATION

After the initial term, client may cancel this agreement at any time by providing a thirty (30) days written notice. Once written notice is received Eastern Executive Suites will continue to forward mail for one (1) month from the date of notice, after that time, Eastern Executive Suites will mark all mail "Return to Sender." Client cannot put in a change of address as this will change the address for all clients of Suite 150. It will be the clients responsible to notify their clients of their new address. After 60 days all mail will be returned to sender.

WAIVER OF SUBROGATION

Each party hereby waives all rights against the other in respect of any loss or damage for which such party has been compensated under any policy of insurance carried by it or for its benefit. Each party shall cause its insurance carriers to consent to such waiver and to waive all rights of subrogation against the other party. EES assumes no responsibility for lost, damage or in any other way compromised packages delivered to client at EES. Client assumes all reasonability for any and all delivered packages.

WAIVER

No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by the provisions of this Agreement shall be effective unless it is in writing and signed by the party waiving the breach, failure, right, or remedy. No waiver of any breach, failure, right, or remedy, whether or not similar, nor shall any waiver constitute a continuing waiver unless the writing so specifies.

COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original as against any party whose signature appears on such counterpart and all of which together shall constitute one and the same instrument. This Agreement shall become binding when one of more counterparts of this Agreement, individually or taken together, shall bear the signatures of all of the parties reflected in this Agreement as signatories.

ARBITRATION

The parties will attempt in good faith to resolve promptly any dispute, controversy, or claim arising out of or relating to this Agreement or any claimed breach thereof by direct negotiation between senior executives of the parties who have authority to settle the controversy. If the parties cannot resolve the matter is shall be settled by arbitration in accordance with the Arbitration Rules for the Interpretation of Separation Agreement of the American Arbitration Association, and Judgment upon the award rendered by the Arbitrator(s) may be entered in court having jurisdiction thereof.

AMBIGUITIES

Each party and its counsel where applicable, have participated fully in the review and revision of this Agreement. Any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in interpreting this Agreement. The language in this Agreement shall be interpreted as to its fair meaning and not strictly for or against any party.

TIME OF THE ESSENCE

Time is of the essence in respect to all provisions of this Agreement that specify a time for performance; provided, however, that the foregoing shall not construed to limit or deprive a party of the benefits of any grace or use period allowed in this Agreement. Member acknowledges that he/she has read all the foregoing provisions in the Agreement and agrees to be bound by all provisions.

IN WITNESS WHEREOF, Eastern Executive Suites and Client have executed this Virtual Office Contract Agreement as of the date first above written.

Client:
Signature: _____
Print Name: _____
Title: _____
Date: _____

Eastern Executive Suites

Cheryl Guanzon, Manager
8565 S. Eastern Ave, Suite 150
Las Vegas, NV 89123
Date: _____

Checking Account Authorization Form

I _____, the undersigned warrants that he/she is the valid account holder for the Account listed below and furthermore agrees to authorize Eastern Executive Suites to schedule automatic reoccurring monthly fees for the entire timeframe of the agreement and that payment will be processed on the 1st of every month for the amount listed on the front of contract.

Account Number

Routing Number

Name on Account: _____

Street Address: _____

City: _____

State: _____ Zip: _____ Telephone: _____

Signature: _____

Credit Card Authorization Form

I _____, the undersigned warrants that he/she is the valid account holder for the credit card listed below and furthermore agrees to authorize Eastern Executive Suites to schedule automatic reoccurring monthly fees for the entire timeframe of the agreement and that payment will be processed on the 1st of every month for the amount listed on the front of contract.

Card Type: Visa MasterCard Discover American Express

Card #: _____

Expiration Date: _____ CSC (3 or 4 Digits on back of card): _____

Credit Card Billing Name and Address:

Name on Card: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail address: _____

Signature: _____



Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

1. Private Mailbox (PMB) Information				8. Photo ID Information for Applicant²						
1a. Date PMB Opened		1b. Date PMB Closed		8a. Applicant's Name		8b. Applicant's ID Number				
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information				8c. Issuing Entity						
2a. Street Address to be Used for Delivery ¹			2b. PMB #	8d. Expiration Date on the ID						
8565 S. Eastern Ave			150							
2c. City		2d. State	2e. ZIP + 4 [®]		8e. Photo ID type (check one)					
Las Vegas		NV	89123		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card					
3. Type of Service Requested				9. Address ID Information for Applicant¹¹						
<input checked="" type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³				9a. Applicant's Name						
4. Name of Applicant				9b. Applicant's Street Home Address¹						
4a. Last Name		4b. First Name	4c. Middle Initial							
4d. Telephone Number (include area code)			4e. Email Address							
4f. Applicant's Street Home Address ⁴				9c. City		9d. State	9e. ZIP + 4	9f. Country		
4g. City		4h. State	4i. ZIP + 4	4j. Country		9g. Address ID type (check one) — Must Contain the Address in 9b–9f				
						<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card				
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," you must attach a copy of the court order.										
5. Authorized Individual⁵				10. Photo ID Information for Authorized Individual (if applicable)⁹						
5a. Last Name		5b. First Name	5c. Middle Initial		10a. Authorized Individual's Name		10b. Authorized Individual's ID Number			
5d. Telephone Number (include area code)			5e. Email Address		10c. Issuing Entity		10d. Expiration Date on the ID			
5f. Authorized Individual's Street Home Address ⁶				10e. Photo ID type (check one)						
5g. City		5h. State	5i. ZIP + 4	5j. Country		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card				
6. If Transferring PMB Mail to Another Address⁷...				11. Address ID Information for Authorized Individual (if applicable)¹¹						
6a. Street Address Mail Is Transferred To ¹				11a. Authorized Individual's Name						
6b. City		6c. State	6d. ZIP + 4	6e. Country		11b. Authorized Individual's Street Home Address ¹				
6f. Telephone Number (include area code)			6g. Email Address		11c. City		11d. State	11e. ZIP + 4	11f. Country	
7. Business/Organization Information				11g. Address ID type (check one) — Must Contain the Address in 11b–11f						
7a. Name of Business/Organization			7b. Type of Business		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card					
7c. Business Street Address ¹				12. Exceptions for Additional Recipients of Mail¹³						
8565 S. Eastern Ave #150										
7d. City		7e. State	7f. ZIP + 4	7g. Country		13a. Signature of Applicant¹⁴		13b. Date		
Las Vegas		NV	89123	USA						
7h. Telephone Number (include area code)			7i. Place of Registration ⁸		14a. Signature of Witness¹⁵				14b. Date	

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for <i>both</i> the Applicant's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for <i>both</i> the Authorized Individual's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The witness can be the agent, an authorized employee, or a Notary Public.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA).

Authorized employee: An employee of the CMRA who is authorized to act on the CMRA's behalf.

Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant 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 applicant 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) 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 applicant must file an updated application with the agent.

NOTE: The applicant must execute this form in the presence of the agent, his or her authorized employee, or a notary public. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant 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 items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

<p>Witness my signature and official seal. Notary Public in and for the STATE OF _____,</p> <p>COUNTY OF _____. On this _____ day of _____, 20____,</p> <p>the applicant, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this application, appeared before me, and did personally sign the application.</p> <p>Signature of Notary Public _____ My commission expires: _____,</p> <p>_____, 20_____</p>	<p>Official Seal:</p>
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