



1264 S. Waterman Avenue Suite 57 San Bernardino, CA 92408 PH: 909-890-4259

Signatureofficesuites@gmail.com

CONFERENCE ROOM RENTAL AGREEMENT

RENTAL FEES

Per hour \$75.00 (1 Hour), Half day: \$150.00 (4 hours), All Day: \$300.00 (8 hours).

CONFERENCE ROOM HOURS:

Monday-Friday 8:00 a.m.-10:00 p.m. / Saturday - Sunday 9:00 a.m. - 6:00 p.m.

The following policies are set forth for the rental of the Conference Room at Signature Office Suites and the Group who agrees to abide by these policies.

The conference room includes a Conference table with six chairs. WIFI, standard white board, Key for Restrooms. Signature Office Suites conference room offers no guarantee on compatibility of outside equipment.

Rental Procedure: All room rental fees must be submitted with a signed Payment Authorization Form along with Conference Room Reservation Request Form and Conference Room Rental Agreement to reserve the Conference Room.

Payments: All payments need to be received 24 Hrs. in advance of the set reservation.

Cancellations: No penalty if written notice is provided 24 hrs. prior to the meeting date. A full refund will be mailed to the renter upon cancellation.

Clean-up: daily cleaning of the Conference room will be thoroughly cleaned and disinfected before and after every use. The group is responsible for the cleanliness of the conference room upon conclusion of reservation; we just ask that the room is returned to its original state. A fee of 25.00 will be assessed for failure to pick up after done with the conference room A fee of \$20.00 will be assessed for a lost restroom key.

- Chairs and tables must be straightened and returned to original position
- All trash must be placed in trash receptacles.
- No smoking.

Damages: Renter is responsible for the repair of any damage incurred to Signature Office Suites conference room property while in the renter's use.

Print Name:

Signature

Date



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CONFERENCE ROOM RESERVATION REQUEST FORM

Name _____

Email: _____

Phone: _____

Address _____

Date of meeting _____

Time: _____ to _____

Type of Reservation: (Please check hours box that applies.)

☐ 1 Hr. \$ 75.00

☐ 4 Hr. \$150.00

☐ 8 Hr. \$300.00

Added Services:

☐ Copy Service ¢10 cent per page

Print Name: _____

Signature _____

Date _____



1264 South Waterman Avenue San Bernardino, California 92408

Phone: 909-890-4259 Fax: 909-890-4289

Payment Authorization Form

I _____ authorize Signature Office Suites to charge my credit card.

☐ 1 Hr. 75.00 ☐ 4 Hr. 150.00 ☐ 8 Hr. 300.00

Indicated below for \$ _____ for payment of Conference Rental located at 1264 S. Waterman Ave. Ste. 24 San Bernardino, CA 92408

Billing Address: _____

Phone: _____

Email: _____

VISA ☐ MASTERCARD ☐

Card Holders Name: _____

Account Number: - - -

Expiration Date: -

Security Code:

I understand this authorization will remain in effect until I cancel it in writing, and I agree to pay Signature Office Suites additional costs owed for extra time use over the agreed amount. I will cancel 24hrs a2w prior to the date of the reservation. If the above noted payment falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____

Date _____