



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

- | | | |
|--------------------------|-------|----------|
| <input type="checkbox"/> | 1 Hr. | \$ 75.00 |
| <input type="checkbox"/> | 4 Hr. | \$150.00 |
| <input type="checkbox"/> | 8 Hr. | \$300.00 |

Added Services:

- | | | |
|--------------------------|--------------|-------------------|
| <input type="checkbox"/> | Copy Service | ¢10 cent per page |
|--------------------------|--------------|-------------------|

Print Name:

Signature

Date



1264 South Waterman Avenue Suite 57 San Bernardino, California 92408
Phone: 909-890-4259 Email: signatureofficesuites@gmail.com

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 authorize Signature Office Suites to charge the credit card identified herein for agreed-upon services, including any additional charges incurred for extended use beyond the reserved time period. This authorization shall remain in effect until revoked by me in writing. I understand that any cancellation of a reservation must be made at least twenty-four (24) hours in advance of the scheduled reservation time to avoid applicable charges. If a scheduled payment date falls on a weekend or recognized holiday, I acknowledge and agree that the transaction may be processed on the next business day. I represent and warrant that I am an authorized user of the credit card provided. I agree not to dispute any charges with my financial institution or credit card issuer, provided that such charges are consistent with the terms of this authorization and the services rendered.

Signature

Date