ARBOUR ARCH
CO-WORKING SPACE

BILLING DETAILS

DATE: _____

CLIENT INFORMATION	
Client/Company name	
ID / Company Reg No / VAT No	
Email address	
Contact Number	
Address to appear on invoice	

SERVICE SELECTION

☐ Hotdesk: R150 (4hours), Full Day R300, Full Month R2000pm
☐ Boardroom 1 (10-seater +): R500 1st Hour, thereafter R250 per hour
☐ Boardroom 2 (6-seater): R250 1st Hour, thereafter R150 per hour
☐ Boardroom 3 (4-seather): R250 1st Hour, thereafter R150 per hour

NOTES:

Date(s) of Use: _____

Time: From _____ To _____

Number of Hours / Days: _____

Amount : R _____
+ Vat (15%): R _____
Total to be paid: R _____

Payment Method
☐ EFT
Payment Reference: _____

Invoicing
☐ Invoice required
☐ Receipt required

Terms & Conditions (Summary)
Payment required prior to use unless agreed otherwise
Cancellations within 24 hours may be chargeable
Damage or additional services will be billed separately

For Office Use
☐ Booking confirmed
☐ Payment received
Reviewed by: _____
Signature: _____
Date: _____