

Contact Details			
Your Name			
Address			
Tel		Mob	
Email Address			

Company Details	
Company Name	
Type of Business	<input type="checkbox"/> Single Individual (not a business) <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Other <input type="checkbox"/> Charity
Nature of Business	
No. of Employees	
No. of Directors	

Your requirements	
<input type="checkbox"/> Serviced Space (Cleaning Etc) <input type="checkbox"/> IT support including wifi band width usage <input type="checkbox"/> Shared use of the Summerhall receptionist <input type="checkbox"/> Office furniture <input type="checkbox"/> Phone line if yes how many <input type="checkbox"/> Preferable floor level <input type="text"/> <input type="checkbox"/> Lift Access/Disabled access <input type="text"/>	
What would your working hours be?	
What are your power requirements	<input type="checkbox"/> 240V (standard) <input type="checkbox"/> 3 phase
Other	<input type="checkbox"/>
Do you need a gas supply	<input type="checkbox"/>

Current Company Details	
Current business address	
Is this a first time venture ?	
Number of Staff	
Time at current address	

Additional	
Additional services required?	
Number of space required (m ²)	
When would you like to move in?	
Lease length	
Budget	
How did you hear of Summerhall?	

About You	
Please give a brief description of the type of work you would like to carry out at Summerhall	