

**C - VIRTUAL ASSISTANT***Your Success, Our Priority***VIRTUAL ASSISTANT BOOKING FORM**

COMPANY NAME:

VAT NUMBER:

INDUSTRY:

CONTACT PERSON:

CONTACT NO:

EMAIL ADDRESS:

I, \_\_\_\_\_ (Authorized person), hereby grant **C - Virtual Assistant** the legal capacity to do the following work: \_\_\_\_\_

\_\_\_\_\_

How many hours per day/days per week/months per year are required:

\_\_\_\_\_

**Date and Place****Signature****CLIENT'S AGREEMENT**

I, \_\_\_\_\_ (Client's Name), have read and understood the terms and conditions..

**Client's Signature over Printed Name**