AMPM VA Two Week Free Social Media Trial Form



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1. Customer Deta	ils
First Name:	Surname:
Company Name:	
Address:	
	Post Code:
Contact No:	Mobile No:
E-mail Address:	
Website URL:	
2. Your Service	
Usernames & Passwo Company and we will	ords: (Note: Please write N/A if the account does not exist for your create it for you)
	Username Password
Facebook:	
Twitter:	
Google+:	
3. Payment & Billi Note: This is the start an	ing d end of your 2 week free trial. Start date is the day this form is signed)
Start Date:	/ / End Date: / /
Package Chosen (Note: Pack	age you will be provided should you choose to continue) £149 £189
I can confirm that the ir	nformation provided is true and correct
Signature:	Date:/
For internal use only:	