



A Live Answer Inc.

"THE LAST ANSWERING SERVICE YOU WILL EVER NEED!"

800-355-2650

Fax: 866-584-2699

www.ALiveAnsweringService.com

New Account Form

Company Name: _____ Industry / Specialty: _____

Answer Phrase: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ Unlisted: (____) _____

Office Hours: _____ Lunch Hours _____ Time Zone: EST CST MST PST

Telephone Number that you will be forwarding to us: _____

Call Handling & Dispatch Instructions:

Emergency Call: Describe _____

Routine Call: Describe _____ Relay or HOLD for Office

Email Address to send non-emergency messages: _____

Relay / Paging Instructions: (Call Cell, Home, TXT Message or Email) **Email delivery Free** **TXT \$5 Monthly**

Contacts	Telephone Number	Provider (if Cellular Number)

Statement Delivery: E-mail: Free E-mail address: _____ US Mail: \$1.00 Fee

Payment Method: Check: ____ Credit Card: _____

Client agrees to pay \$_____ per billing cycle, which shall include _____ minutes, and to pay _____ per minute in excess of minutes allowed. Billing is rendered on the 15th of every month. The base rate for service is billed in advance of the billing period, and any overage charges are billed in arrears at the end of the billing period, along with the base charge for the next billing period. A late fee of five (5) percent will be added to invoices paid late.

I agree the above information is correct and to the terms and conditions set forth by A Live Answer, Inc.

Signature _____ Date _____