

Answering Service Signup Form

Company Information:

**FULL LEGAL
COMPANY NAME**

**TYPE OF BUSINESS /
MEDICAL SPECIALTY**

**ACCOUNT ANSWER
PHRASE:**

OFFICE ADDRESS

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**OFFICE PHONE
NUMBER**

Area
Code

Phone Number

**UNLISTED OFFICE PHONE
NUMBER**

Area
Code

Phone Number

**OFFICE FAX
NUMBER**

Area
Code

Phone Number

**PHONE NUMBER YOU WILL FORWARDING
TO US**

Area
Code

Phone Number

TIME ZONE

OFFICE HOURS

Billing Information:

ACCOUNT / BILLING CONTACT NAME

TITLE

PHONE NUMBER

Area
Code

Phone Number

**INVOICE
DELIVERY**

Email - Free

US Mail - \$1 Fee

INVOICE DELIVERY EMAIL

Payment Method

Check

Credit Card

***First Month and deposit equal to monthly rate required to activate service. Deposit will be waived for customers using credit card auto pay.**

RATE PLAN MINUTES OVER ALLOWANCE = \$0.79 a minute. *

\$79/MONTH = 100 MINUTES OF OPERATOR TIME
\$189/MONTH = 250 MINUTES OF OPERATOR TIME
\$349/MONTH = 500 MINUTES OF OPERATOR TIME

Billing is processed every 28 days. 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 or \$5.00 whichever is greater will be added to invoices paid late.

Call Handling / Message Relay Instructions:

MESSAGE DELIVERY

SEND ALL MESSAGES AS THEY COME IN
RELAY URGENT CALLS AND EMAIL NON URGENT

EMAIL ADDRESS FOR NON URGENT MESSAGES EMERGENCY CALL DESCRIBE

ROUTINE CALL DESCRIBE

MESSAGE RELAY INSTRUCTIONS:

Contact 1

Full Name	TITLE:	CELL / TEXT NUMBER
First Name		Area Code
Last Name		Phone Number
HOME NUMBER	ALT PHONE NUMBER	E-mail
Area Code	Area Code	
Phone Number	Phone Number	

Contact 2

Full Name		TITLE:	CELL / TEXT NUMBER	
_____	_____	_____	_____	_____
First Name	Last Name		Area Code	Phone Number
HOME NUMBER		ALT PHONE NUMBER	E-mail	
_____	_____	_____	_____	
Area Code	Phone Number	Area Code	Phone Number	

Contact 3

Full Name		TITLE:	CELL / TEXT NUMBER	
_____	_____	_____	_____	_____
First Name	Last Name		Area Code	Phone Number
HOME NUMBER		ALT PHONE NUMBER	E-mail	
_____	_____	_____	_____	
Area Code	Phone Number	Area Code	Phone Number	

Contact 4

Full Name		TITLE:	CELL / TEXT NUMBER	
_____	_____	_____	_____	_____
First Name	Last Name		Area Code	Phone Number
HOME NUMBER		ALT PHONE NUMBER	E-mail	
_____	_____	_____	_____	
Area Code	Phone Number	Area Code	Phone Number	

Contact 5

Full Name		TITLE:	CELL / TEXT NUMBER	
_____	_____	_____	_____	_____
First Name	Last Name		Area Code	Phone Number
HOME NUMBER		ALT PHONE NUMBER	E-mail	
_____	_____	_____	_____	
Area Code	Phone Number	Area Code	Phone Number	