



New CLIENT INFORMATION

You may fax this back to us @ FAX#: 703-836-8765

Your Company Name: _____

Answer Phrase: _____

(ex: ".....Law Offices Of Smith & Kline.....")

Address we should send your invoice to:

Your Federal Tax ID# _____ or Social Security # _____
(We need at least one)

Your Office Address:

Main Phone #: _____ FAX#: _____

Private# _____ Cell# _____

Normal Office Hrs: _____ Name of Office Manager: _____

Type Of Business _____

IF YOU HAVE ALPHA PAGER(s) Or Cell Phone with Text Messaging:

What is the name of your Paging Co or Cell Phone Provider : _____

What is your pager Pin # _____ or Your Pager Phone # (____) _____

What is the phone # of your Paging Company: _____ Your acct # _____

MESSAGE SLIP / TEMPLATE:

Name:

Phone #:

Cell#:

Company Name:

Reason for calling:

Best time to Call:

We have a six line message template. What information would you like us to gather from the caller? See example above.

PROTOCOL FOR EMERGENCY CALLS:

What do you consider "Urgent"? _____

When paging you or your on call technician, do you want us to:

Alpha / Text Message to the on call person? _____

Page you back to us here and give you the message? _____

Put the #s of the caller in your pager? _____

On weekends, do you have a backup up procedure or protocol?

NOTES:

OFC USE ONLY:

DID # To Assign () _

Account #	Completed / Time	Agent Initials
Account Programmed		
Entered in 1500		
Entered in TASBill		
Front Attendant Vmail		
800 # Ordered		