

# INFORMATION SHEET FOR NEW CUSTOMERS

Name of Company: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Office Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Phone Number(s): Office(s): \_\_\_\_\_

Fax(es): \_\_\_\_\_

Unlisted#: \_\_\_\_\_

Can fax number(s) be given out? \_\_\_\_yes\_\_\_\_no

Which company provides your telephone service? \_\_\_\_\_

## Office Hours

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Please list all holidays that your office is customarily closed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Answer Phrase? How you want the operator to answer your line?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**What information do you want us to gather from the caller?**

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**What do you consider an emergency call that should be dispatched to an on-call person?**

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**What should *never* be passed to the on call person?**

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**Consults/Newborns (if applicable): *We pass stat and today 24/7 unless otherwise noted*, for routine consults what time should they be passed till when then start passing again at what time? If each doctor is different please list separately.**

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**What hospitals are you affiliated with?**

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**How will the answering service staff get the nightly on call person? Will you be providing a nightly/monthly schedule for when the staff will be calling in nightly?**

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**Pre Screen? This allows you to have a custom message that the callers will hear before coming to an operator. Hours, address, hit 911 for extreme emergencies, etc. You have the option to create your own as well.**

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**Website Address:** \_\_\_\_\_

**Office Email Address:** \_\_\_\_\_

*Can this information be given out to callers if they request it?*      \_\_\_yes\_\_\_no

**Directions to your office:**

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**Nearest Cross Street"**

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**Any other additional information you need your answering service to know or be aware of?**

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**Holiday Charges:** We bill for 12 major holidays throughout the year, \$10.00 per holiday.

Holidays are New Year's Day Memorial Day Columbus Day Christmas Eve

Good Friday 4th of July Thanksgiving Christmas Day

Easter Labor Day Day after Thanksgiving New Year's Eve

**We do NOT charge for the following holidays:**

Yom Kippur Hanukkah Passover Rosh Hashanah

MLK, Jr's Day Lincoln's Birthday Ash Wednesday

Presidents Day Veteran's Day Palm Sunday

**Credit Card Information:** We give you the option to pay your bill with a credit card. Please provide the following information. We take your payment from your credit card every 4-week billing cycle.

**Please note we do require a credit card payment for the initial charge, upon the start of service**

Credit Card: \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_ MC \_\_\_\_\_ VISA

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address Associated with the card: \_\_\_\_\_

State: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Where would you like the invoices sent to every billing cycle? \_\_\_\_\_

4-week charge is always billed ahead and for the previous cycle.

If starting in the middle of month the 4-week charge will be prorated for the current cycle + the next cycle's charge.

**\*\*\*Please notify us ahead of time if you choose to pay via check instead, otherwise we will auto-charge the credit card listed above.**

**\*Please note, any client paying by check, if payment is not received by the next invoice, both payments will be processed on credit card above.**

Business Tax ID #: \_\_\_\_\_

Tax Exempt ID #: \_\_\_\_\_

Business Owner Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

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**Following Information for Answering Service Management only.**

**Billing Plan:**

| Set-up | Base | Excess | Call    | Voice     | Fax/Email | Patching | Text  |          |
|--------|------|--------|---------|-----------|-----------|----------|-------|----------|
| Fee    | Time | Rate   | Min Chg | Screening | Mail-box  | Messages | Calls | Messages |

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**Call Forwarding or 800 #:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Debbie Bibber**  
**Owner**  
**AB Universal Messaging**

**We thank you for you for your business and look forwarding to working with you!**

**Please fax your completed sheet back to 732-455-5001**