



ANSWERING SERVICE INFORMATION FORM

ANSWER PHRASE “(GOOD MORNING / AFTERNOON/EVENING...)”

TYPE OF BUSINESS: _____

OFC. ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

OFC. HOURS: _____

MAIN OFC PH. #: _____ **ALTERNATE #:** _____

FAX #: _____ **ALTERNATE #:** _____

WEBSITE: _____

INFORMATION TO OBTAIN FROM THE CALLER:

OPERATOR INSTRUCTIONS (WHAT TO DO WITH THE CALLS):

Email, SMS(Text Messaging) and/or FAX DELIVERY SCHEDULE:

Email(s) _____

Cell #(s) _____

Fax# _____

OPTIONAL

ON CALL PERSONNEL	PAGER #/ TYPE	HOME PH.	CELLULAR #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INDICATE WHETHER THE ABOVE NUMBERS ARE TO BE GIVEN TO CALLER:
_____ **YES** _____ **NO**

OFFICE MANAGER: _____

PAGER # _____ **HOME #** _____ **CELL #** _____

OPTIONAL
PRE-OPERATOR ANNOUNCEMENT: _____

PLEASE VERIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND UP TO DATE. THANK YOU!



CUSTOMER BILLING INFORMATION

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: (____) _____
Fax: (____) _____ Name of contact: _____
Name of Billing contact: _____
Type of Business: _____

For Payment by Credit Card Only

Credit Card No.: _____ Expir. Date _____
Type of Card: _____ Name on Card: _____
Visa, MasterCard, American Express, and Discover
CVV#: _____ (3 Digit # on Signature panel, For AMEX above card number.)
Address to which credit card statement is mailed monthly:
Address: _____
City: _____ ST: _____ Zip: _____
If paying by credit card, do you want your card charged monthly? _____

For Payment by Check Only

If Business Application Federal Id#: _____
If Individual Application Social Security No.: _____
Reference: _____ Phone: (____) _____
Reference: _____ Phone: (____) _____
Reference: _____ Phone: (____) _____

Previous account with Professional? _____
Services desired: _____
Base Rate and options: _____
Sales Person: _____

The undersigned declares that the above information is correct and complete and authorizes Professional Communications Messaging Service, Inc.(PCMSI), to charge all amounts owed, by the above company or undersigned to PCMSI that exceed 30 days past due from the original invoice, to the above credit card with a 1.5% late fee.

Name(Print or Type): _____ Date: _____
Signature: _____

Comments: _____