

# Answering Service Signup Form

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**FULL LEGAL  
COMPANY NAME**

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**TYPE OF BUSINESS /  
MEDICAL SPECIALTY**

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**ACCOUNT ANSWER  
PHRASE:**

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\*Good Morning / Afternoon / Evening is standard + Your Company Name

**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

**OFFICE HOURS**

\_\_\_\_\_

**TIME ZONE**

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## Billing Information:

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**ACCOUNT / BILLING CONTACT NAME**

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**TITLE**

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**PHONE NUMBER**

Area Code

Phone Number

**INVOICE DELIVERY EMAIL**

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**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. \***

\$79.99/MONTH = 100 MINUTES

\$192.99/MONTH = 250 MINUTES

\$375.99/MONTH = 500 MINUTES

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.

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## Call Handling / Message Relay Instructions:

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**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**

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**ROUTINE CALL  
DESCRIBE**

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**MESSAGE RELAY  
INSTRUCTIONS:**

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ie. Text Doctor will all calls.

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## Contact 1

**Full Name**

**TITLE:**

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First Name

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Last Name

**CELL / TEXT NUMBER**

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Area Code

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Phone Number

**HOME NUMBER**

**ALT PHONE NUMBER**

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Area Code

---

Phone Number

---

Area Code

---

Phone Number

**E-mail**

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## Contact 2

**Full Name**

**TITLE:**

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First Name

---

Last Name

**CELL / TEXT  
NUMBER**

---

Area Code

---

Phone Number

**HOME NUMBER**

**ALT PHONE NUMBER**

\_\_\_\_\_  
Area Code    Phone Number

\_\_\_\_\_  
Area Code    Phone Number

**Contact 3**

**Full Name**

**TITLE:**

\_\_\_\_\_  
First Name                  Last Name

**CELL / TEXT  
NUMBER**

\_\_\_\_\_  
Area Code    Phone Number

**Contact 4**

**E-mail**

\_\_\_\_\_

**Full Name**

**TITLE:**

\_\_\_\_\_  
First Name                  Last Name

**CELL / TEXT  
NUMBER**

\_\_\_\_\_  
Area Code    Phone Number

**HOME NUMBER**

**ALT PHONE NUMBER**

\_\_\_\_\_  
Area Code    Phone Number

\_\_\_\_\_  
Area Code    Phone Number

**E-mail**

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**Full Name**

**TITLE:**

---

First Name

---

Last Name

**CELL / TEXT  
NUMBER**

---

Area Code

---

Phone Number

**HOME NUMBER**

**ALT PHONE NUMBER**

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Area Code

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Phone Number

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Area Code

---

Phone Number

**E-mail**

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**Tell us how you found us  
and receive \$5 off your  
first invoice.**

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