



Client Information

ACCT. #: _____

Answering Phrase: Good am/pm _____

Company Name: _____

Business address: _____

City: _____ State: _____ Zip: _____

Account Contact Person(s): _____

Billing address: _____

City: _____ State: _____ Zip: _____

Billing Contact Person(s): _____

Office Phone #: _____ Inside #: _____ Fax #: _____

Web Address: _____

General E-Mail Address: _____

Accept collect calls: Yes No Limited _____

Office hours: _____

Type of business: _____

Personnel

Name Title Home # Cell #/Mobile # Pager #

(Please define if you carry a Cellular Phone or a Mobile Vehicle Phone by putting C# or M# before the phone number.)

(Attach separate sheet for additional personnel)

Cell/Mobile phone company: _____ Text messaging ready? Yes No
(If text messaging ready, list text messaging address under personnel list.)

Pager company: _____ Numeric Alphanumeric

Message Dispatch DURING Business Hours

Non Emergency Procedures for Messages: (One method of dispatch & a fax is included in basic service rates.)

- Hold messages to be picked up later.
- Fax as messages are taken. Do you want dispatched messages faxed?: Yes No
- Fax at designated times (list times & days) _____
- Page (provide type of pager and pager #) _____
- Contact O/C (method and order desired. (Home #, Mobile #, Pager #, etc.)) _____
- _____
- Patch call to (name of person, number and times) _____
- _____
- Voice-Mail (provide voice-mail #): _____
- E-Mail/Text messages as they come in. (Please list e-mail/text messaging addresses under corresponding names on the personnel list.) (Not included in basic service rates.)
Please identify who we should be e-mailing/texting: _____
- _____

**If we will be text messaging to a cell phone, alpha pager, or blackberry, would you like us to get confirmation that you received the message? Yes No

Emergency Procedures for Messages: (One method of dispatch & a fax is included in basic service rates.)

- Hold messages to be picked up later.
- Fax as messages are taken. Do you want dispatched messages faxed?: Yes No
- Fax at designated times (list times & days) _____
- Page (provide type of pager and pager #) _____
- Contact O/C (method and order desired (Home #, Mobile #, Pager #, etc.)). _____
- _____
- Patch call to (name of person, number and times) _____
- _____
- Voice-Mail (provide voice-mail #): _____
- E-Mail/Text messages as they come in. (Please list e-mail/text messaging addresses under corresponding names on the personnel list.) (Not included in basic service rates.)
Please identify who we should be e-mailing/texting: _____
- _____

**If we will be text messaging to a cell phone, alpha pager, or blackberry, would you like us to get confirmation that you received the message? Yes No

Message Dispatch AFTER Business Hours

Non Emergency Procedures for Messages: (One method of dispatch & a fax is included in basic service rates.)

- Hold messages to be picked up later.
- Fax as messages are taken. Do you want dispatched messages faxed?: Yes No
- Fax at designated times (list times & days) _____
- Page (provide type of pager and pager #) _____
- Contact O/C (method and order desired. (Home #, Mobile #, Pager #, etc.)) _____
- _____
- Patch call to (name of person, number and times) _____
- _____
- Voice-Mail (provide voice-mail #): _____
- E-Mail/Text messages as they come in. (Please list e-mail/text messaging addresses under corresponding names on the personnel list.) (Not included in basic service rates.)
Please identify who we should be e-mailing/texting: _____
- _____

**If we will be text messaging to a cell phone, alpha pager, or blackberry, would you like us to get confirmation that you received the message? Yes No

Emergency Procedures for Messages: (One method of dispatch & a fax is included in basic service rates.)

- Hold messages to be picked up later.
- Fax as messages are taken. Do you want dispatched messages faxed?: Yes No
- Fax at designated times (list times & days) _____
- Page (provide type of pager and pager #) _____
- Contact O/C (method and order desired (Home #, Mobile #, Pager #, etc.)). _____
- _____
- Patch call to (name of person, number and times) _____
- _____
- Voice-Mail (provide voice-mail #): _____
- E-Mail/Text messages as they come in. (Please list e-mail/text messaging addresses under corresponding names on the personnel list.) (Not included in basic service rates.)
Please identify who we should be e-mailing/texting: _____
- _____

**If we will be text messaging to a cell phone, alpha pager, or blackberry, would you like us to get confirmation that you received the message? Yes No

What is considered to be an emergency for your type of business? _____

Will you be providing us with On-Call personnel information?: Yes No

If yes, will you be providing this information: Daily Weekly Monthly

Would you like Image Office Services to accept faxes for you, if your fax machine is temporarily unable to accept faxes? (5 pgs. free per month with service) Yes No

Would you like to use Image Office Services' fax number to receive faxes for you on a regular basis? (Not included in basic rates) Yes No

Would you like Image Office Services to provide voice mail box(es)? (Not included in basic rates) Yes No

How would you like us to represent you?: Receptionist Message Center
(If both boxes are checked, we will act as the receptionist during regular business hours and as the message center outside of regular business hours.)

Directions to Office: _____

Are you closed national government holidays: _____

Have you ever had an account with Image Office Services before?: Yes No

If yes, what was your account number?: _____

If no, How did you hear about us?: _____

Date you would like service to start.: _____

Comments: _____

