

Accurate Message Center, LLC

•Tel: (702) 979-1077 •Fax: (866) 376-6887 •Toll free: (866) 823-0329
•Email: Info@accuratemessage.com

New account sign up form

Please complete this confidential form and return it to us.

❖ **General Information**

| | | | | | |
|--|--|---------------|--|------------------|--|
| Business Name: | | | | | |
| Type of Business: | | | | | |
| Office Address: | | | | | |
| | | | | | |
| Is it ok for us to give out the office address? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Billing Address: | | | | | |
| City: | | State: | | Zip Code: | |

❖ **Contact Information / General Information**

| | | | |
|---|------------------------------------|--|--|
| Office Phone: | | Ok to give out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Office Fax: | | Ok to give out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Back line Phone: | | Ok to give out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alternate Phone: | | Ok to give out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Website: | | Ok to give out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Office Email: | | | |
| | | Ok to give out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Office Hours: | | | |
| | | Ok to give out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact Number: (This <i>cannot</i> be a number you forward to us) | | | |
| Name: | | Phone #: | |
| Forwarding Number: | <input type="checkbox"/> Toll Free | Included with every signup | |
| | <input type="checkbox"/> Local # | Specify Area Code: | |
| Ok to tell your clients this is the answering service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you say no, we will make all attempts to not tell your clients that they are talking to the answering service, however for liability reasons we will not lie to your callers. I understand and accept this:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| Call Estimate: | | Please specify Peak call days for staffing: | |
| <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat | | | |

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❖ **Customize your service**

| | | | |
|--|--|--|---|
| Rate Plan: | <input type="checkbox"/> 75 Calls | <input type="checkbox"/> 125 Calls | <input type="checkbox"/> 250 Calls |
| <input type="checkbox"/> 500 Calls | <input type="checkbox"/> 1000 Calls | <input type="checkbox"/> 2000 Calls | <input type="checkbox"/> Custom |
| Answer Phrase: | | | |
| Ex: Thank you for calling [Your business name], how may I help you? | | | |

| Message Form: | Default: | Replace With: |
|--|-----------------------|---------------------------------------|
| | To: | |
| | From: | |
| | Company: | |
| | Phone 1: | |
| | Phone 1 Info: | |
| | Phone 2: | |
| | Phone 2 Info: | |
| | Email Address: | |
| | Message: | XXXXX Cannot be replaced XXXXX |
| No Additional Charge | Add 1: | |
| No Additional Charge | Add 2: | |
| Additional Charge | Add 3: | |
| Additional Charge | Add 4: | |
| Additional Charge | Add 5: | |
| Additional Charge | Add 6: | |
| Add up to 6 fields (Add 3- Add 6) = for \$5.00 per month. | | |

| | |
|---|----------------------------|
| <i>Additional Information to collect from callers:</i> | (Additional Charge) |
| | |
| | |
| | |
| | |

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❖ Delivery Options

| | | | |
|---|--|--|---|
| Unlimited free delivery options: | | | |
| <input type="checkbox"/> Email | Email Address: | | |
| | Email Address: | | |
| | Email Address: | | |
| <input type="checkbox"/> Text Message | Phone #: | | |
| | Phone #: | | |
| | Phone #: | | |
| Premium delivery options: | | | |
| <input type="checkbox"/> Fax | Phone #: | | |
| | Phone #: | | |
| <input type="checkbox"/> Alpha Page | Pager #: | | Carrier: |
| | Pager Terminal #: | | |
| <i>For additional alpha pagers please use separate sheet of paper.</i> | | | |
| <input type="checkbox"/> Hold messages (Please specify below) | | | |
| <input type="checkbox"/> Until I call in for them <input type="checkbox"/> For scheduled delivery (See "send messages") | | | |
| <input type="checkbox"/> Page to call service: (numeric) | | Pager #: | |
| <input type="checkbox"/> Relay Messages: (Operator will call and relay message to you) | | | |
| Name: | Phone # | When to relay to this person: | |
| | | | |
| Once relayed: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Text Message <input type="checkbox"/> Nothing | | | |
| <input type="checkbox"/> Other: | | | |
| Send Messages: (When do we send your messages?) | | | |
| <input type="checkbox"/> As they come in (Auto Deliver) | | | |
| <input type="checkbox"/> At a specific time: | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> At a specific time: | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Additional message delivery information: | | | |
| | | | |
| | | | |
| <input type="checkbox"/> Cross Connect (Patch, conference call, we connect caller to you) | | | |
| Phone Number 1: | | | |

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| | |
|--|--|
| If No Answer: | |
| | |
| Phone Number 2: | |
| If No Answer: | |
| <input type="checkbox"/> Voice Mail w/operator: (Caller selects option to talk to operator) | |
| <input type="checkbox"/> Voice Mail Relay: (Operator reads message into voice mail) | |
| Additional Delivery Instructions: | |
| | |
| | |

❖ **Additional Features:**

| | | |
|---|------------------|-------------------------------------|
| <input type="checkbox"/> Inbound SMS (Number must be on file) | | |
| | Name | Number |
| Phone #1: | | |
| Phone #2: | | |
| <input type="checkbox"/> Advanced Scripting: (Attach instructions on a separate sheet) | | |
| <input type="checkbox"/> Appointment Setting (Attach instructions on a separate sheet) | | |
| <input type="checkbox"/> Order Taking (Attach instructions on a separate sheet) | | |
| <input type="checkbox"/> Wake Up Calls: | | |
| | Name: | Number: |
| Phone #1: | | |
| Phone #2: | | |
| Phone #3: | | |
| Phone #4: | | |
| Phone #5: | | |
| Additional Telephone Numbers: | | |
| <input type="checkbox"/> Local Number | Quantity: | Area Code(s): |
| | | |
| <input type="checkbox"/> Toll Free Numbers | Quantity: | Prefix: (800 may cost extra) |
| | | |

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❖ About your company

| | | | | | |
|--|---|------------|---|------------|---|
| Please List your associates and grant them account permissions: | | | | | |
| GM= Get Messages | MC= Make Changes | | BL= Billing | | |
| Name: | | | | | |
| GM: | <input type="checkbox"/> Y <input type="checkbox"/> N | MC: | <input type="checkbox"/> Y <input type="checkbox"/> N | BL: | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Name: | | | | | |
| GM: | <input type="checkbox"/> Y <input type="checkbox"/> N | MC: | <input type="checkbox"/> Y <input type="checkbox"/> N | BL: | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Name: | | | | | |
| GM: | <input type="checkbox"/> Y <input type="checkbox"/> N | MC: | <input type="checkbox"/> Y <input type="checkbox"/> N | BL: | <input type="checkbox"/> Y <input type="checkbox"/> N |
| For additional associates: Use separate sheet of paper | | | | | |

❖ Invoice and Payment Options:

| | | |
|--|--|--|
| Invoice Options: | | |
| <input type="checkbox"/> Email | Email Address: | |
| <input type="checkbox"/> Fax | Fax Number: | |
| <input type="checkbox"/> United States Postal Service: | Will be sent to billing address | |
| Payment Option: | <input type="checkbox"/> Credit Card* <input type="checkbox"/> Check** <input type="checkbox"/> Money Order** | |
| *For credit card payment option, fill out the credit card authorization form. | | |
| **Payment required before account will go live | | |

➤ **Desired Start Date:** ____/____/____

➤ **I have received and read the Terms of Service** **Yes** **No**

The Terms of service are also located at <http://www.accuratemessage.com/tos>

Signature: _____

Date: ____/____/____

Printed Name: _____