



**BUSINESS
EXTENSION
SERVICE**

CLIENT INFORMATION SHEET

24-Hour Answering Service

Account #: _____

Answer phrase: _____ (limited to 36 characters)

Office #: _____ may we give to callers? Y N **Fax #:** _____ may we give to callers? Y N

Back line phone number: _____ (will not be given out) **Office hours:** _____

Please describe your business: _____

Address to give to callers with billing or location questions: _____

If we receive collect calls on your line, shall we accept them? Y N :If yes- you will be billed for them.

Account instructions: Hold all messages for fax; email; check in Forward all calls
 Screen calls and forward some per instructions:

Screening Instructions: _____

How should your routine calls be distributed?

FAX ___ As messages come in ___ At the following time(s): _____ & _____

EMAIL ___ As messages come in ___ At the following time(s): _____ & _____

Standard information we should request: Name Company Ph # Address Nature of call

Other: _____

Staff

For all accounts: please fill out Staff Information Sheet. These numbers are kept extremely confidential.
If text messaging pagers or cell phones, please provide BRAND name and SERVICE PROVIDER of each device.

On Call Scheduling

Will Business Extension Service have an on call schedule for this account? Y N

If yes, please provide an additional sheet of paper with on call names, phone numbers, position and any other relevant information we would need to create a database for our system. This includes the exact time that an on call person is relieved & new one comes on. It would also be helpful to attach a current call schedule that we can model.

How often will BES receive an on call schedule from your office (via fax or email)? daily weekly monthly

*We request that schedules are faxed/emailed at least two business days before the end of the month by 3PM other: _____

How did you hear about us? Phone Book Direct Mail Internet Referral Other: _____
(please be as specific as possible)

Method of payment: Billed Monthly – send invoice to me to pay at the end of the month.
 Credit Card – please bill my credit card monthly and send me a statement.

Credit Card Information (required for all accounts, even if billed monthly, unless waived by a BES manager.)

VISA MasterCard Card #: _____ - _____ - _____ - _____

Name on card: _____ Expiration date: _____

Phone: (360) 733-1111 Toll Free: (800) 628-7470 Fax: (360) 734-2932

www.BusinessExtensionService.com