

Dispatch Answering Service – Call Center
(610) 967-6355 Fax (610) 965-8440 or (888) 381-8440

Acct. DID # (Call Forward): () _____ Billing Acct. # : _____

Company Name: _____

Physical Address: _____ Billing: _____

Business Telephone # : () _____ Inside Line: () _____
Additional Line: () _____ FAX #: () _____

Type of Business: _____

Business Hours: Monday - _____ Thursday - _____ Sunday - _____
Tuesday - _____ Friday - _____ Holidays - _____
Wednesday - _____ Saturday - _____

Collect Calls: YES / NO (If Yes, Specify _____)

On-Hold Music: YES / NO

Answer Phrase: _____

Closing Phrase: (Optional) _____
(I.e.: "If you do not get a return call within 15 minutes, please call back.")

Information To Be Secured From Caller: _____

Dispatching Instructions: (What protocol do you want us to follow once the message has been taken?)

What do YOU consider an EMERGENCY? (Please specify) _____

What types of messages are to be held for the Office? _____

Special Instructions: _____

FAX Deliveries: (Please specify days/times you require FAX messages delivered):

<u>D = Delivered Messages</u>		<u>U/D = Undelivered Messages</u>		
<u>Time</u>	<u>Type</u>	<u>Time</u>	<u>Type</u>	<u>Type</u>
Monday - _____	_____	Friday - _____	_____	
Tuesday - _____	_____	Saturday - _____	_____	
Wednesday - _____	_____	Sunday - _____	_____	
Thursday - _____	_____			

Sheet 2 of 2

Message Retrieval Requirements: (Please circle appropriate type.)

Alpha Pager Digital Pager Voice Mail E-Mail Cell Phone
(Message on Screen) (Phone # Displayed) (Verbal Message Left) (On-Line Messaging)

Paging Instructions: _____

Personnel Contacts: (If you need to have additional space – please use a blank sheet and attach to form.)

(Name) () _____ () _____ () _____
(Pager #) (Cell Phone #) (Residence #)

(E-Mail Address)

(Name) () _____ () _____ () _____
(Pager #) (Cell Phone #) (Residence #)

(E-Mail Address)

(Name) () _____ () _____ () _____
(Pager #) (Cell Phone #) (Residence #)

(E-Mail Address)

(Name) () _____ () _____ () _____
(Pager #) (Cell Phone #) (Residence #)

(E-Mail Address)

Referral Numbers: (Who covers for you when you are not available and/or Emergency #'s.)

(Name) () _____ () _____ () _____
(Pager #) (Cell Phone #) (Residence #)

(Name) () _____ () _____ () _____
(Pager #) (Cell Phone #) (Residence #)

How did you hear about our company? _____

Do you have a website address? If so, what is the address? _____

Please give directions to your business _____

COMPROLLER NOTIFIED: _____ **DATE:** _____