



CLIENT INFORMATION SHEET
800.248.CALL (2255)
EMAIL: SUPPORT@AMESSAGECENTER.COM

We ask that when you turn service on, please advise our operator of your return time and order of contact for any urgent calls.

The following information is needed for our call center in order to give accurate and professional care to your customers. It is important that this record be kept up-to-date to insure that your clients are given correct information. All information will be used in a confidential manner.

START DATE: _____
Service Start Date

COMPANY NAME: _____

TYPE OF BUSINESS: _____
We Tailor Our Service To Meet Your Unique Business Needs

OFFICE ADDRESS: _____
Street Address 1 Street Address 2
City State Zip Code Suite or Apt.

OFFICE TELEPHONE NUMBER: _____

PRIVATE TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

OFFICE HOURS:

Table with 7 columns (MON. to SUN.) and 3 rows (OPEN TIME, CLOSE TIME, SPECIAL NOTES)

WHAT WOULD YOU LIKE YOUR ANSWER PHRASE TO BE: _____

WILL YOU CALL IN FOR YOUR MESSAGES OR DO YOU PREFER FAX/EMAIL SERVICE?

CONTACT PERSON FOR BILLING: _____

BILLING ADDRESS IF DIFFERENT: _____
Street Address 1 Street Address 2
City State Zip Code Suite or Apt.

HOW WOULD YOU LIKE TO MAKE PAYMENTS?

- AUTOMATICALLY (CREDIT CARD) CALL-IN (CREDIT CARD) MAIL (CHECK)

HOW WOULD YOU LIKE YOUR INVOICE?

- EMAIL MAIL

CONTINUE ON NEXT PAGE TO LIST CONTACT NAMES AND PHONE NUMBERS FOR ALL ON-CALL EMPLOYEES AND DISPATCH



CONTACT NAME: _____

TELEPHONE NUMBER: _____

SPECIAL INSTRUCTIONS:

CONTACT NAME: _____

TELEPHONE NUMBER: _____

SPECIAL INSTRUCTIONS:

CONTACT NAME: _____

TELEPHONE NUMBER: _____

SPECIAL INSTRUCTIONS:

CONTACT NAME: _____

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CONTACT NAME: _____

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SPECIAL INSTRUCTIONS:

CONTACT NAME: _____

TELEPHONE NUMBER: _____

SPECIAL INSTRUCTIONS:

Please Email Order Form to:
support@amessagecenter.com
or fax to: 856-825-8547