



INFORMATION FORMS **TODAYS DATE** _____ **START DATE** _____

ANSWER PHRASE(HOW YOU WOULD LIKE YOUR PHONE ANSWERED):

TYPE OF BUSINESS: _____

OFFICE ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

OFFICE PH #: _____ **ALTERNATE PH#:** _____

FAX #: _____ **WEB SITE:** _____

OFC HOURS: _____

INFORMATION NEEDED FROM THE CALLER(if more space is needed please provide on a separate sheet):

Select all that apply

- Name Phone Address City State Zip
- Email What the call is regarding Other(please specify): _____

OPERATOR INSTRUCTIONS(if more space is needed please provide on a separate sheet): _____



MESSAGE DELIVERY(Select all that apply)

Email WHEN/WHAT ARE WE TO EMAIL: _____

List all email addresses here(if more space is needed please provide on a separate sheet): _____

Text Messaging WHEN/WHAT ARE WE TO TEXT: _____

List all cell numbers here(if more space is needed please provide on a separate sheet): _____

Call Out WHEN/WHAT ARE WE TO CALL OUT: _____

List all personnel here(if more space is needed please provide on a separate sheet):

| NAME | CELL# | HOME# | OTHER# | PAGER#(ALPHA/DIGITAL) |
|------|-------|-------|--------|-----------------------|
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Faxing WHEN ARE WE TO FAX: _____ FAX# _____

OFFICE MANAGER(CONTACT NAME FOR THE ACCOUNT) _____

Phone # _____ Email _____

OPTIONAL PRE-OPERATOR ANNOUNCEMENT: _____



PROFESSIONAL COMMUNICATIONS MESSAGING SERVICE, INC.
CUSTOMER BILLING INFORMATION

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: (____) _____
Fax: (____) _____ Name of contact: _____
Name of Billing contact: _____
Billing Contact's Email: _____
Type of Business: _____
Services desired: _____
Base Rate and options: _____
Previous account with Professional? _____
Method of Payment: _____ Check _____ Credit Card _____ ACH

For Payment by Credit Card Only

Credit Card No.: _____ Expir. Date _____
Type of Card: _____ Name on Card: _____
Visa, MasterCard, American Express, and Discover
CVV#: _____ (3 Digit # on Signature panel, For AMEX above card number.)
Address to which credit card statement is mailed monthly:
Address: _____
City: _____ ST: _____ Zip: _____
If paying by credit card, do you want your card charged monthly? _____

For Payment by ACH

Contact Name(if different than above): _____
Email address: _____
(We will provide you with a portal, for online payments)

The undersigned declares that the above information is correct and complete and authorizes Professional Communications Messaging Service, Inc.(PCMSI), to charge all amounts owed, by the above company or undersigned to PCMSI that exceed 30 days past due from the original invoice, to the above credit card with a 1.5% late fee.

Name(Print or Type): _____ Date: _____
Signature: _____