



9418 4th ST W NW | ALBUQUERQUE | NM | 87114

T: 866 801 3286

ACCOUNT NAME	
ACCOUNT NAME	CONTACT PERSON

**ANSWER PHRASE (HOW WOULD YOU LIKE US TO ANSWER?)**  
 Example 1: " Good Morning - your company name - this is Jane, how may I help you?"  
 Example 2: "- Your company name - after hours service, how may I help you?"

ANSWER PHRASE

**RECORDED MESSAGE (DOYOU WANT A FRONT END RECORDED MESSAGE THAT ALL CALLERS HEAR FIRST?)**  
 Example: Thank you for calling 'x'. Please hold for the next available agent . Please dont forget to like our Facebook page and visit us at www.x.com  
 Example: Thank you for calling 'x'. if this is an emergency please hold for the next available agent. If this is not an emegency, please call us back during regular business hours etc.,

RECORDED GREETING

OFFICE #1								
ADDRESS						SUITE #		MAIN TELEPHONE NO. ( )
CROSS STREET(S)								BACK LINE TELEPHONE NO. ( )
CITY			STATE			ZIP CODE		FAX TELEPHONE NO. ( )
BUSINESS HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	LUNCH
PHONE HOURS? (If Different from above)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	LUNCH

OFFICE #2								
ADDRESS						SUITE #		MAIN TELEPHONE NO. ( )
CROSS STREET(S)								BACK LINE TELEPHONE NO. ( )
CITY			STATE			ZIP CODE		FAX TELEPHONE NO. ( )
BUSINESS HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	LUNCH
PHONE HOURS? (If Different from above)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	LUNCH

BILLING ADDRESS			
ADDRESS			SUITE #
CITY			STATE
ZIP CODE			BILLING CONTACT:
BILLING TELEPHONE NO. ( )			

OTHER OFFICE INFORMATION	COLLECT CALLS
WEB ADDRESS	Accept Collect Calls <input type="checkbox"/> YES <input type="checkbox"/> NO

CALL PROCESSING INSTRUCTIONS (SELECT ONE OPTION)	
1 <input type="checkbox"/>	Take a message on ALL calls. Every caller will be asked to leave a message. It will only be documented if the caller actually leaves a message.
2 <input type="checkbox"/>	Take emergency or urgent calls only. (Callers are asked to call back during regular business hours for non-urgent calls). Non-Urgents calls will not be taken, unless caller insists.
3 <input type="checkbox"/>	Take emergency or urgent calls only and ask caller to leave non-urgent message on voicemail. (Callers can be referred to a voicemail number or transferred into voicemail if client is signed up for voicemail service as well).
4 <input type="checkbox"/>	Document ALL calls. Every call is documented, including hang ups, wrong numbers, sales/telemarketers, recordings, etc.
5 <input type="checkbox"/>	Follow Other protocol: Please use Other Instructions area on the next page.



## → Dispatch Instructions for Non-Urgent and Urgent Calls

**NON-URGENT CALLS:** The generic definition for Non-Urgent calls are calls that can wait until the office re-opens (regular business hours). Operators will offer to take a message, unless otherwise indicated on previous page by client.

### INSTRUCTIONS FOR DISPATCH OF NON-URGENT CALLS. (SELECT ONE OPTION)

1	<input type="checkbox"/>	NOT APPLICABLE. Selected Emergency or Urgent calls only.												
2	<input type="checkbox"/>	HOLD ALL NON-EMERGENCIES FOR OFFICE CHECK IN												
3	<input type="checkbox"/>	<table border="0"> <tr> <td>Fax *ALL* Non-emergency calls:</td> <td>FAX #:</td> <td>AT</td> <td>AND</td> <td>Morning Time</td> <td>Afternoon Time</td> </tr> <tr> <td colspan="6"><hr/></td> </tr> </table>	Fax *ALL* Non-emergency calls:	FAX #:	AT	AND	Morning Time	Afternoon Time	<hr/>					
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<hr/>														
4	<input type="checkbox"/>	<table border="0"> <tr> <td>Email *ALL* Non-emergency calls:</td> <td>Email:</td> <td>AT</td> <td>AND</td> <td>Morning Time</td> <td>Afternoon Time</td> </tr> <tr> <td colspan="6"><hr/></td> </tr> </table>	Email *ALL* Non-emergency calls:	Email:	AT	AND	Morning Time	Afternoon Time	<hr/>					
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<hr/>														
5	<input type="checkbox"/>	<table border="0"> <tr> <td>SEND NON-URGENTS AS TAKEN TO</td> <td>FAX #:</td> <td>OR</td> <td>Email:</td> </tr> <tr> <td colspan="4"><hr/></td> </tr> </table>	SEND NON-URGENTS AS TAKEN TO	FAX #:	OR	Email:	<hr/>							
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<hr/>														

### INSTRUCTIONS FOR DISPATCH OF EMERGENCY CALLS. (SELECT ONE OPTION)

1	<input type="checkbox"/>	GIVE ALL EMERGENCY CALLS TO THE PERSON(S) ON-CALL.	<input type="checkbox"/> Uses On-Call Schedule*	<input type="checkbox"/> Uses List of Contacts
		*If uses on-call schedule? →	On-Call Begins at:	On-Call Ends At:
		<hr/>	<hr/>	<hr/>
2	<input type="checkbox"/>	SEND EMERGENCIES AS TAKEN TO	FAX #:	OR Email:
		<hr/>	<hr/>	<hr/>

### PROTOCOL OF URGENT CALLS VARY BY CLIENT.

(PLEASE LIST POSSIBLE SITUATIONS THE ANSWERING SERVICE WILL ENCOUNTER AND THE ACTION YOU WOULD LIKE CARRIED OUT.  
For example: Employees calling in sick, alarm company calls, building emergencies, etc. Be specific.

	Type of Call:	Instructions to Follow		
1		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
2		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
3		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
4		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
5		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
6		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
7		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
8		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
9		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office
10		<input type="checkbox"/> Page On-Call	<input type="checkbox"/> Ask caller to callback	<input type="checkbox"/> Take a message for the office



→ List of Contacts for Urgent or Emergency Call

**LIST OF OFFICE CONTACTS. (Not the emergency contact list)**

NAME	TITLE	CELL	RESIDENCE

**LIST OF EMERGENCY CONTACTS (PERSONS WHO WILL BE ON-CALL)**

NAME	CELL	RESIDENCE	ALTERNATE #	Alternate Type

**\*If office uses on-call schedule; fill out this section**

SCHEDULE CONTACT NAME	OFFICE #	ALTERNATE #
EMAIL ADDRESS	SCHEDULE FREQUENCY: <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> OTHER	

**OTHER INSTRUCTIONS:**


THE UNDERSIGNED AGREES TO PAY FOR SERVICES AS DESCRIBED IN THE SERVICE AGREEMENT

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_



## TERMS AND CONDITIONS

1. **Client's Representations.** Any goods or services provided by the Contractor shall not be used for illegal or illegitimate purposes. Contractor shall treat all Client information as confidential except that it shall cooperate with all law enforcement agencies in disclosing whatever information they shall require in the performance of their legal duties.
2. **Terms of Payment.**
  1. Rates are subject to change with thirty (30) days written notice.
  2. A Base Rate increase of 3% will be applied annually as an inflation adjustment.
  3. Payments of monthly service fees are due upon receipt. Client's account becomes delinquent if full payment has not been received by the twenty-eighth day of billing cycle. Delinquent accounts will be subject to suspension without notice and service will only resume upon payment of current balance plus one month's Base Rate Fee in advance.
  4. Contractor mails invoices every 28th days; however it is the responsibility of the Client to insure that prompt payment is made.
  5. Any errors in billing must be reported in writing within (30) days of the billing date.
  6. All returned checks are subject to a \$20.00 service charge. In addition, cash, money order or cashier's check must replace returned checks.
  7. **Suspension of Service.** The Contractor has the right to discontinue or interrupt service without notice if, in the sole opinion of the Contractor, any outstanding charges are deemed to be in arrears and/or for any reasons which may be hindering overall services. Service interrupted for nonpayment is subject to a reconnect charge and additional deposit.
3. **Direct Inward Dialing (DID) Numbers.** Contractor is sub-leasing one of their telephone numbers to the Client. This number is part of a Direct Inward Dialing (DID) block of numbers and is not available for connection to a telephone instrument. The Client understands that the ownership of this number is non-transferable and cannot be assumed by the Client under any circumstances.
4. **Indemnification.** The Client acknowledges that due to the nature of the goods and/or services involved, the Contractor shall not be held liable for errors of commission or omission other than the direct gross negligence of the Contractor. The Client further acknowledges that the Contractor will not be liable for any loss or damage whatsoever resulting from service interruptions or failures or any other problems associated with service caused by or arising from circumstances beyond its control. This includes but is not limited to any problems relating to telephone service, natural catastrophes, civil disturbances, weather, material shortages, unusual workloads and electronic or mechanical failures. The Contractor shall not be liable under any circumstances for incidental or consequential damages (included but not limited to, lost profits) directly or indirectly arising from the performance or nonperformance of any service.
5. **Termination of Contract.** Either party may terminate this Agreement at any time by giving in writing at least thirty (30) days prior to the date of termination.
6. **Deposits.** Upon termination of this Agreement, any Deposit, shall be applied to any outstanding charges incurred. Any deposits applied at commencement of service for programming are non-refundable.
7. **Account Information Changes.** It is the Client's responsibility to inform the Contractor of any pertinent changes in Client's Information.
8. **Call Recording.** All calls, by default, are recorded. Recordings are used by A Virtual Receptionist, management staff exclusively for the purposes of quality control, training, and verification. Clients may request that calls on their account not be recorded; such requests must be made in writing.
9. **Terms Subject to Change.** Contractor reserves the right to make changes to this agreement should it be determined that the scope of work requested by the client significantly exceeds the originally agreed upon terms. This may include average call length, complexity or level of detail in call-handling requirements; or requests for non-standard report types or frequency. Any such changes will be communicated in writing prior to taking effect.



## CREDIT CARD AUTHORIZATION FORM (ONGOING)

Type of Card ☐ Amex ☐ Visa ☐ Mastercard ☐ Discover ☐ Authorization to use my credit card for all future charges.

Credit Card Information

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EXP. MM/YY

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Security Code

--	--	--	--	--	--

Name on Credit Card (as it appears): \_\_\_\_\_

Name of Business (if applicable): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize A Virtual Receptionist, to debit my Credit Card for payment of the Answering Service Account. I agree that I will not dispute any charges from A Virtual Receptionist, unless I have already contacted A Virtual Receptionist for assistance and attempted to rectify the situation directly with them.

I agree that any credits offered by A Virtual Receptionist will be applied to my account and will not be refunded to my credit card.

I guarantee that I am the legal cardholder for this credit card. I agree that I must notify A Virtual Receptionist in writing if termination of this recurring credit card authorization goes into effect. To cancel this authorization, I will give written notice revoking this authorization.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## THIS PORTION FOR INTERNAL OFFICE USE ONLY

INFORMATION PROVIDED BY: \_\_\_\_\_ ON (DATE): \_\_\_\_\_

CREDIT CARD PROCESSED BY: \_\_\_\_\_ ON (DATE): \_\_\_\_\_

INITIALS:
