

Telephone Answering Service Inc. 805 Kentucky Ave. Paducah, KY 42003

"People Answering People since 1969"!

Ph. 270-443-7362 Fx. 270-443-9905 sales@tasinc.com

INFORMATION SHEET

The following information will help us serve you better. It is a very basic form so, please keep in mind the more information we have the better able we are to be an extension of your office please feel free to attach more sheets if need be. If you have any questions give us a call.

Thank you, Michelle Clark

NAME OF BUSINESS: _____

PHYSICAL ADDRESS: _____ BILL TO: _____

MAIN OFC #: _____ BKLINE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

NATURE OF BUSINESS: _____

OFFICE HOURS: MON-FRI: _____ LUNCH: _____ SAT: _____ SUN: _____

HOW YOU WANT THE PHONE ANSWERED: _____

MANAGER: _____ MANAGER CONTACT #'s: #1: _____ #2: _____

WHAT TYPE OF INFORMATION DO YOU WANT US TO GET FROM YOUR CLIENTS: _____

IS IT OK TO HOLD ROUTINE MESSAGES IE: APPT CANCELLATIONS, BILLING CALLS, ETC FOR YOU: _____

IF SO WOULD YOU LIKE THEM FAXED OR EMAIL: _____ WHAT TIME?: _____

WHAT TYPE OF CALL CONSTITUTES EMERGENCY DISPATCHING: _____

AFTER HOUR CONTACTS:

NAME: _____ TITLE: _____

1ST CONTACT #: _____ 2ND: _____ 3RD: _____

SPECIAL INFORMATION FOR THIS CONTACT: _____

TAS INFORMATION CONT.,

NAME: _____ TITLE: _____

1ST CONTACT #: _____ 2ND: _____ 3RD: _____

SPECIAL INFORMATION FOR THIS CONTACT: _____

NAME: _____ TITLE: _____

1ST CONTACT #: _____ 2ND: _____ 3RD: _____

SPECIAL INFORMATION FOR THIS CONTACT: _____

NAME: _____ TITLE: _____

1ST CONTACT #: _____ 2ND: _____ 3RD: _____

SPECIAL INFORMATION FOR THIS CONTACT: _____

NAME: _____ TITLE: _____

1ST CONTACT #: _____ 2ND: _____ 3RD: _____

SPECIAL INFORMATION FOR THIS CONTACT: _____

CREDIT CARD NUMBER FOR SET UP FEE & FIRST MONTH SERVICE: _____ EXP. ____/____

PLEASE ATTACH ANY OTHER PERTINENT INFORMATION

TO BE FILLED OUT BY T.A.S. PERSONNEL	TAS#: _____	
HAS REQUIRED PAYMENT BEEN MADE TO SET UP ACCPOINT: _____	FORM: _____	
ACCOUNT SET-UP: _____	DIRECTORY: _____	ULTRACOMM : _____
SCHEDULE: _____	OPERATORS NOTIFIED: _____	