

:-] INTOUCH Voice Mail [-:
Voice Mail Client INFORMATION Form

Please fill-in this form and return it with your payment for deposit and setup. If you need service immediately, please call (225) 231-8500.
You can also return this form via fax to (225) 231-8501. Visit our website at <http://www.intouchcallcenter.net>

Account Number: _____ Number to Use: _____
Assigned Date: _____ Salesperson: _____
Where Heard: _____ Programmer: _____

COMPANY INFO

Business Name: _____
Contact Person: _____ Title: _____

Office Hours *{days & times}*: _____ Years in Business: _____

Physical Address: _____
City: _____ State: _____ Zip: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Business Phone: _____ Alt Business Phone: _____
Business Fax: _____ Alt Business Fax: _____
Business Website: _____
Business E-mail: _____ Alt Business E-mail: _____

PERSONNEL *{attach a separate list of all staff employees if necessary}*

Name: _____ Title: _____
Home: _____ Cell: _____ Other: _____

Name: _____ Title: _____
Home: _____ Cell: _____ Other: _____

Name: _____ Title: _____
Home: _____ Cell: _____ Other: _____

Name: _____ Title: _____
Home: _____ Cell: _____ Other: _____

VOICE MAIL INSTRUCTIONS

Please provide instructions for your voice mail and attach any additional information.

Account Deposit *{refundable}* \$ _____

Account Setup \$ _____

INTOUCH SERVICE LEVEL *{please check the best level for your business}*

_____ **.17c/minute** of phone time with a 1-hr min (\$10.00) each billing period & month-to-month

_____ **.08c/minute** of phone time with a 5-hr min (\$25.00) each billing period & 6-period contract

MESSAGE DELIVERY *{please check all message delivery options wanted}*

_____ **\$5.00**/billing period for E-mail delivery **E-mail:** _____

_____ \$1.00/billing period for additional E-mail address: _____

_____ \$1.00/billing period for additional E-mail address: _____

_____ **\$5.00**/billing period for Text Message delivery **Phone:** _____

_____ \$1.00/billing period for additional Phone: _____

_____ \$1.00/billing period for additional Phone: _____

_____ Hold calls for Check-in

Deposit and Setup payment amount \$ _____, rendered by *(please fill in appropriate method)*

CASH Received by: _____

CHECK Number: _____

VISA MC AMEX DISC Number: _____ CVV#: _____ Exp: _____

I, the undersigned, agree to the terms I selected above and will pay all charges accrued each billing period. Terms are net 15. If for any reason I choose to terminate service, I will provide at least a 30-day written notice on company stationary to **INTOUCH CALL CENTER**. I also understand that all changes to our account must be submitted in writing via E-mail or via Fax transmission.

Signature: _____

Title: _____

Printed Name: _____

Date: _____