



NEW ACCOUNT SET-UP

Account Information

Page 1 of 9

Company Name (Client): _____

Type of Business: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact: _____

A/P Phone & Email: _____

How to send invoice? Email Mail

How will you pay Invoice? Credit Card Check Wire

Main Office Number(s): _____

Fax Number(s): _____

Phone Company (Vendor): _____

Website Address: _____

Office E-Mail(s): _____

Answering Service Contact: _____

A Superior Answering Service & Call Center

311 North Main St. * Suite 100 * Madison GA 30650

Phone: 770-922-3166 * Toll Free: 1800-344-6470 * Fax: 770-388-7878 * www.ascc365.com

NEW ACCOUNT SET-UP FORM

On-Call Staff Information

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1.

Name: _____

Title: _____ Home #: _____

Cell #: _____ Cell Carrier: _____

Alt #: _____ Alt Carrier: _____

2.

Name: _____

Title: _____ Home #: _____

Cell #: _____ Cell Carrier: _____

Alt #: _____ Alt Carrier: _____

3.

Name: _____

Title: _____ Home #: _____

Cell #: _____ Cell Carrier: _____

Alt#: _____ Alt Carrier: _____

4.

Name: _____

Title: _____ Home #: _____

Cell #: _____ Cell Carrier: _____

Alt#: _____ Alt Carrier: _____

NEW ACCOUNT SET-UP FORM

On-Call Staff Information

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5.

Name: _____

Title: _____ Home #: _____

Cell #: _____ Cell Carrier: _____

Alt #: _____ Alt Carrier: _____

6.

Name: _____

Title: _____ Home #: _____

Cell #: _____ Cell Carrier: _____

Alt #: _____ Alt Carrier: _____

7.

Name: _____

Title: _____ Home #: _____

Cell #: _____ Cell Carrier: _____

Alt #: _____ Alt Carrier: _____

8.

Name: _____

Title: _____ Home #: _____

Cell #: _____ Cell Carrier: _____

Alt #: _____ Alt Carrier: _____

NEW ACCOUNT SET-UP FORM

Dispatch / Escalation Procedures

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In order to reach the correct on-call person with method of contact, please fill out the lines below in the order from first to be reach to last and which way to contact each person.

	First	Second	Third	Fourth
ie. <u>John Smith</u>	Text	Cell	Home	Other

On-Call Person	Order to reach the On-Call								
1. _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">First</td> <td style="width: 12.5%; text-align: center;">Second</td> <td style="width: 12.5%; text-align: center;">Third</td> <td style="width: 12.5%; text-align: center;">Fourth</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	First	Second	Third	Fourth				
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First	Second	Third	Fourth						

NEW ACCOUNT SET-UP FORM

Office Staff Information

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Please list all of the employees that might receive calls but are not part of the On-Call Staff.

Employee Name	Title(s)

Office Hours

Days of the Week	Office Hours	Lunch Hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

NEW ACCOUNT SET-UP FORM

Holiday Information

Please indicate below the holidays your office observes.

New Year's Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Martin Luther King Jr.	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Presidents Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Patriots Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Memorial Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Independence Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Labor Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Columbus Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Veterans Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Thanksgiving Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Day After Thanksgiving	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Christmas Eve Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
Christmas Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
_____	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
_____	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
_____	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
_____	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____

Please indicate below how to handle your calls on the holidays when the office will be closed.

NEW ACCOUNT SET-UP FORM

Call Information

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How will your account be answered by our agents?

- Good Morning/Afternoon/Evening, _____, How may I help you?
 - _____, This is (Agent Name) speaking, How may I help you?
 - _____
-
-

How will Non English Speaking callers be handled?

- \$0.00—Transfer to VM to have English speaker call back.
 - \$4.95 / cycle—Transfer to VM recorded by you, the client. Messages delivered by Email
 - \$2.00/min—Use Translation service to capture the message in English
-
-

Below is a list of common questions we ask callers. Please check all that apply.

- | | | | | | |
|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| First Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alternate Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Last Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fax Number | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Company Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No | E-Mail Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other | <input type="checkbox"/> | _____ |
| City/State/Zip | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> | _____ |
| Primary Phone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> | _____ |
-
-

Can we give out the following information to your callers?

- | | | | | | |
|-----------------|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|
| Office Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mailing Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Office Number | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fax Number | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fax #: | _____ | |
| E-Mail Address | <input type="checkbox"/> Yes | <input type="checkbox"/> No | E-Mail: | _____ | |
| Web Site | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Web Site: | _____ | |
-
-

NEW ACCOUNT SET-UP FORM

Emergency Call Handling Instructions

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To make sure that we handle each type of call correctly. Once a message is taken how would you like us to handle/dispatch EMERGENCY calls? (Can choose more than one)

Text -To Whom: _____

Email—To Whom: _____

Phone Call if no reply to the text/email message after _____ minutes

If no reply, what next?

1. Do you want us to dispatch emergency/urgent calls different than Non Emer/Routine calls?

Yes / No

YES - If you want us to only dispatch emergency/urgent calls please define what you consider an emergency or urgent call. Is there a specific question we should ask the caller?

NO—See Next page for how to handle Non-Emergency/Routine calls.

NEW ACCOUNT SET-UP FORM

Routine Call Handling Instructions

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How would you like your routine messages to be relayed from A Superior? (This can be done by more than one option, please check all that would apply)

- Text as taken -To Whom: _____
- Voice Mail -Messages are taken and then recorded to a mailbox(es), provided by A Superior
- Fax -Time(s) of the day: _____ -Day(s) of the week: S M T W R F S
Fax #(s): _____
- E-Mail -Time(s) of the day: _____ -Day(s) of the week: S M T W R F S
E-Mail(s): _____
- Email—as taken -To Whom: _____
- Online access to your messages any time of the day? (Web Portal)

If Online, complete the information below.

1. Person's full name: _____	1. Person's full name: _____
2. Person's initials: _____	2. Person's initials: _____
3. Person's password (min of 5 characters): _____	3. Person's password (min of 5 characters): _____
1. Person's full name: _____	1. Person's full name: _____
2. Person's initials: _____	2. Person's initials: _____
3. Person's password (min of 5 characters): _____	3. Person's password (min of 5 characters): _____

Note: A Superior Management will send the information regarding receiving messages online.

By submitting this New Account Set-Up Form to A Superior, client hereby acknowledges that they have contracted for Telephone Answering Service and agree to the terms and conditions as set forth in the A Superior Business Agreement.	
Client Signature: _____	Date: _____
