



Account Number:

Package Plan:

Start Date:

NEW ACCOUNT SET-UP

Account Information

Page 1 of 5

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: _____

How did you hear about A Superior: _____

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

Office Staff Information

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Please list all of the employees. You can also email a separate list to your sales rep.

Employee Name	Cell	Email

Office Hours

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

ON Call Staff & Calendar

Please EMAIL to shelly@ascc365.com

NEW ACCOUNT SET-UP FORM

Holiday Information

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Please indicate below the holidays your office observes.

New Years' Eve	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours: _____
New Years' 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 _____
Good Friday	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours _____
Memorial Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours _____
Independence Day (4th)	<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 _____
Friday After Thanksgiving	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours _____
Christmas Eve	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours _____
Christmas Day	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	Hours _____

Please list any days before or days after the holiday you will also 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, _____, this is (agent name)?
- _____, 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: | _____ | |
-
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NEW ACCOUNT SET-UP FORM

Call Handling Instructions

Page 5 of 5

STOP ** This Section will be completed by your Sales Representative

Email/Secure as taken -To Whom: _____

Text/Secure -as taken - To Whom: _____

Online Web Portal

On Call

E-Mail Reports Date/Time _____

To: _____

Web Portal Logins: _____

Other Svcs: (Chat/Text IN/Online Access/File Access)

By submitting this New Account Set-Up Form to A Superior, client hereby acknowledges that they have contracted for Telephone Answering Service. You should receive a business agreement and payment information within 1 business day of submitting this form.

Client Signature: _____ Date: _____
