

###### Customer Service Order Form

Customer Name:

Address:

City, State Zip:

Telephone:

Type of Business:

Business Hours:

The Owner, Partners, Officers or Managers are:

Name Title Home Phone Number

**Type of Services Requested – Check all that apply.**

. Full service - answering all the time

\_\_\_\_ Overflow and busy lines

. Limited service - putting us on and off varied times

. After hours - nights, weekends & holidays

. Setting up appointments or work orders - using company software or form

Website support or order capture.

. Other or combination, explain:

**Which service rate do you want to start with-** Low, Basic, Executive, High or **wait till the end of your 1st month?**

There is no set up fee. The first month’s service rate must be paid in advance. This will be applied to the first bill. All monthly bills must be paid within 60 days or service is disconnected. We accept Cash, Check, MC, VS, Disc, & Amex.

Start Date Signed by

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