



Antelope Valley Call Center

P.O. Box 747, Lancaster, CA. 93584

Phone: 661.952.0771 Fax: 661.952.0772

Email: antelopevalleycallcenter@gmail.com

APPLICATION FOR SERVICE

BUSINESS NAME:	BUSINESS TYPE:
GREETING (How Line Is Answered):	
BUSINESS ADDRESS:	CITY/ZIP:
BUSINESS PHONE:	BUSINESS PHONE 2 ND LINE:
NAME:	TITLE:
HOME ADDRESS:	HOME PHONE:
DRIVER'S LICENSE#:	SSN#:

This agreement constitutes authorization of the Answering Service to take calls and provide other services for a period of one month, and that service shall be automatically continued for like periods unless canceled by the Subscriber, in writing, 30 days prior to the expiration of any such period. The Answering Service reserves the right to cancel at any time.

The Answering Service shall treat all messages as confidential. All information provided by the Subscriber to assist the Answering Service in reaching appropriate personnel is confidential and will not be released to anyone without proper authorization/verification. All employees of the Answering Service are required to sign an Oath of Confidentiality.

Because incoming and outgoing messages are oral, the Answering Service shall in no way be liable to the Subscriber or their callers for any omissions or errors in the transmission of calls.

ALL SERVICE FEES ARE DUE AND PAYABLE IN ADVANCE. Subscriber accounts are considered delinquent if not paid by the 25th of the month and will be subject to a service charge/late fee.

The Subscriber shall pay all collection and attorney fees made necessary in the collection of any monies due the Answering Service under the Agreement.

SIGNATURE	DATE:	SIGNATURE	DATE:
SUBSCRIBER AGENT NAME & TITLE (PRINTED)		AVCC AGENT NAME & TITLE (PRINTED)	



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SUBSCRIBER INFORMATION

IMPORTANT: THE INFORMATION YOU PROVIDE IS WHAT IS USED TO BUILD YOUR ACCOUNT. IT IS ESSENTIAL THAT IT BE ACCURATE AND AS COMPLETE AS POSSIBLE. FUTURE CHANGES SHOULD BE MADE IN WRITING VIA FAX.

PUBLIC INFORMATION:

BUSINESS NAME:							
BUSINESS ADDRESS:				OFC#:			
				FAX#:			
BUSINESS HOURS:	MON	TUES	WEDS	THURS	FRI	SAT	SUN

CONFIDENTIAL INFORMATION:

PERSONNEL:

1. NAME:	2. NAME:
TITLE:	TITLE:
RES#:	RES#:
PGR#:	PGR#:
CELL#:	CELL#:

Please list additional personnel on another page.

BASIC CALL HANDLING GUIDELINES:

DO WE ACCEPT COLLECT CALLS? YES () NO () (IF YES, LIST ANY RESTRICTIONS):
WE WILL OBTAIN NAME, NUMBER & MESSAGE. PLEASE LIST ANY OTHER INFORMATION YOU REQUIRE:
ANSWERING SERVICE POLICY: Operators will not take messages from callers who refuse to provide name & number at a minimum.

Operators will **NOT** break "On Call" without permission from The Scheduled "On Call". Operators will **NOT** disclose RES, PGR or CELL numbers to **ANYONE**. **YOU MAY WAIVE ANY OR ALL OF THE ABOVE**



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SPECIAL INSTRUCTIONS:

Y	N	
		Process EMERGENCY CALLS ONLY
		Process all calls
		Process personal calls for staff personnel?
		Process Prescription/Refill Calls? (If Yes, list any restrictions).
		Other (Please Specify):
		Other (Please Specify):

CALL/MESSAGE DISPOSITION:

X	
	Hold ALL Calls
	Contact On-Call personnel for Emergencies*, hold routine for office.
	Contact On-Call personnel for Emergencies*, refer routine calls to office next business day.
	Other (Please Specify):
	Other (Please Specify):

ON CALL PROCEEDURE:

***Please list On-Call personnel on another page. Include residence number, pager number & cell phone number. For each On-Call, please indicate the procedure we should follow:**

(1) Page Direct & Clear, (2) Page Direct & Follow Up, (3) Text & Clear, (4) Text & Follow Up, (5) Call Residence, (6) Call Cell

NAME:	RES#:	PGR#:	CELL#:
NAME:	RES#:	PGR#:	CELL#:
NAME:	RES#:	PGR#:	CELL#:
NAME:	RES#:	PGR#:	CELL#:

List any additional On Call Personnel on another page



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CHARGE SCHEDULE

BASIC MONTHLY CHARGE (Includes first 100 calls)	\$79.00
EXCESS CALLS (Per Call over first 100 Calls)	\$0.45
PAGES (Alpha Numeric & Digital)	\$0.45
TEXT & EMAIL MESSAGES	\$0.45
FAXES (Per INSTANCE, NOT Per PAGE)	\$0.45
OUTDIALS (Does Not Include Toll Charges)	\$0.45
PATCHES (Connecting Caller To Client)	\$0.45
Additional charge Per Minute while connected	\$0.15

THE ONLY **OTHER CHARGES** THAT MIGHT BE INCURRED ARE:

TOLL CHARGES FOR LONG DISTANCE CALLS

LATE FEES

BILLING ADDRESS (If different from Business address):



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MESSAGE RETRIEVAL INSTRUCTIONS:

Your Account Number is: _____

The number to call for your messages is **Your Call Forward Number**.

CALL FORWARDING INSTRUCTIONS:

1. Dial **72#** (You will hear a series of tones followed by a dial tone)
2. Dial your **Personal Call Forwarding Number** _____ wait for the Operator to answer the line and give him/her your check-out information.
3. You should now be on call forwarding. If there are any problems, call **661-723-8935** and speak with the Shift Supervisor.

TO CANCEL CALL FORWARDING:

1. Pick up the line you have call forwarded
2. Dial **73#** and hang up.
3. You should now be able to answer your lines in your office. If there are any problems, contact the Answering Service.

PLEASE NOTE: NOT ALL TELEPHONE SYSTEMS ARE THE SAME; SOME MAY REQUIRE SPECIAL CALL FORWARDING PROCEDURES If the instructions above do not work, contact you telephone company business office.

CALL **Your Call Forward Number** to pick up any messages.

NEVER GIVE THIS NUMBER OUT AS A CONTACT NUMBER.

KEEP YOUR ACCOUNT & CALL FORWARDING NUMBER HANDY FOR YOUR OFFICE PERSONNEL. YOU SHOULD ALWAYS USE YOUR ACCOUNT NUMBER WHEN RETRIEVING MESSAGES.