



Welcome to Alliance Communications . By choosing Alliance for your telephone answering service you have taken a positive step towards a professional service to assist you with your call handling needs .

Over the next few pages we will gather information that is critical for us to obtain in order to provide a superior level of customized telephone answering service. The information gathered will allow us to create a basic structure for your account which we will further customize in a one on one interview over the phone.

Many of the questions will have a list of potential common answers, however if you are unsure of the information we are requesting please feel free to contact us so that we may clarify any questions .

Once you have completed the form please save the updated version using

File -> Save As

and include your company in the file name.

Once completed please Email the resulting form to klott@alliancewireless.com

If you are unable to e-mail or wish to fax, you may print the form at any time by clicking the "Print Form" button at the top left of the page.

If you chose to Fax our Fax number is 1-888-663-8036

Thank-you and and we look forward to serving you.

ACCOUNT CRITERIA GUIDELINE

Company Name

Owner (s)

Manager (s)

Main Telephone # *Check this box if this is the number you will forward.* **Fax Number**

Back / Unlisted # **E-mail Address**

Web site URL

Which Call Forwarding options do you have ? (check any that apply)

- Regular Call forwarding (where forwarding is either on or off)
- Call forward / No Answer (where a call will automatically forward after a set number of rings)
- Call forward / Busy (where a call will automatically forward if the line is busy)

Company Address

Street Suite /Unit

City Prov/State

Postal Code/Zip Country

Billing Address

Use same as above

Street Suite /Unit

City Prov/State

Postal Code /Zip Country

Cross Streets (Ex: Btwn North St and First St):

Landmarks (Ex: Beside the Hospital):

Detailed Directions (From Major Areas):
(Please use an extra sheet if required)

Office Hours		
Monday	Open <input type="text"/>	Close <input type="text"/>
Tuesday	Open <input type="text"/>	Close <input type="text"/>
Wednesday	Open <input type="text"/>	Close <input type="text"/>
Thursday	Open <input type="text"/>	Close <input type="text"/>
Friday	Open <input type="text"/>	Close <input type="text"/>
Saturday	Open <input type="text"/>	Close <input type="text"/>
Sunday	Open <input type="text"/>	Close <input type="text"/>
Holidays	Open <input type="text"/>	Close <input type="text"/>

Note: If there is more than one location , please complete this page for each location .

GENERAL INFORMATION

Answer Phrase (Ex: Good ____ Thank you for calling ABC Company Ann Speaking):

What time zone are you in ?

Do you recognize

Daylight Savings Time?

Yes

No

Business Type

Please provide a brief summary of what your company does.

Would you like a daily recap of messages ? Yes No

If you require a recap at what time ?

Sent to where (ie: email address/fax #):

Should we advise callers we are the Answering Service? Always

Only if Asked

Never

When will you be using our service?

24 /7

Evenings and Wknds

As Required

Additional Information
(Please provide any additional information you would like us to have on file)

MESSAGE REQUIREMENTS

We have standard information we collect on all calls (indicated by the X's below). Please indicate what other information you would like collected, based on the TYPE OF CALL along the left (Non Urgent Office Call, Urgent / Service Calls etc).

Please mark all that apply [X]

Standard Info asked on ALL Calls	For	<input type="checkbox"/>
	Caller: Name	<input type="checkbox"/>
	Caller: Phone #	<input type="checkbox"/>
	Caller: Alternate Phone #	<input type="checkbox"/>
	Nature of the call	<input type="checkbox"/>
Service Calls (if applicable)	Caller: Street Address, City	<input type="checkbox"/>
	Caller: Province/ State	<input type="checkbox"/>
	Caller: Postal / Zip code	<input type="checkbox"/>
	Regular Customer ?	<input type="checkbox"/>
	Type of Equipment	<input type="checkbox"/>
Please provide any additional questions you would like asked.	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
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	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>

Please provide any additional information you may require regarding our message handling procedure..

CALL HANDLING PROCEDURES

Listed below are 4 standard options for call handling. On the following page is a list of typical call types. Please indicate how you would like each type of call handled by marking the appropriate box. (please mark only 1 box per type of call)

If our Options listed below, do not meet your requirements please provide alternate instructions.

Do we handle calls the same during office hours and after hours? Yes No

If NO, please indicate

Will you be responding to calls via TEXT or EMAIL? Yes No

(By checking this, you indicate that we should watch for a returned email/text from you to indicate that you have received a message)

OPTION 1

Messages will be HELD for Check-in/Daily Recap of Messages.

(By selecting this on the attached chart, NO IMMEDIATE action will be taken. Messages taken will be held until YOUR Office checks in to receive them or they are sent via the daily email/fax recap at the specified time noted above.)

OPTION 2

Messages will be IMMEDIATELY EMAILED or TEXT (your choice) with NO FOLLOW UP.

(By selecting this on the attached chart, messages taken will be electronically sent by email or text with NO follow up to confirm if they were received)

Indicate to WHOM the msg will be sent. (Ofc, On Call or Specific Staff name):

Please provide additional details.

Indicate WHICH method (Email/Text):

OPTION 3

Messages will be given to the On-Call or specified staff, WITH FOLLOW UP to confirm they were received.

(By selecting this on the attached chart, messages taken will be dispatched to the On-Call or specified staff , using the preferred method of contact (Text, Email or Call). If we do not receive confirmation that the message was received we will continue to try and reach the them until confirmation has been received.)

Indicate to WHOM the msg will be sent. (Ofc On Call or Specific Staff name):

Please provide additional details.

Please indicate the preferred order of contact AND how long to wait between contact methods.

For example: Call RES, if no answer, immediately call CELL, if no answer, immediately TEXT

OR TEXT 1st, Wait 5 mins, If no response - call CELL, if no answer call RES

If the above person can NOT be reached by following the contact instructions above, please provide a list of contacts in the order they should be called as backup and indicate how long we should wait before calling through the list (ie: Immediately after following the instructions above or wait 10 minutes etc.).

OPTION 4

Messages will be given to the On-Call or specified staff (Option 3 above), ONLY if the caller advises that they need an immediate call back. Otherwise they will be HELD for Check-In/Daily Recap (Option 1 above)

Please only choose 1 option per call type .

CALL TYPES	OPTION 1 HOLD for Check-In/Daily Recap (NO Immediate action required)	OPTION 2 Send Immediate Email and/or Text (With NO follow up required) **Provide details above*	OPTION 3 Contact the On- Call (WITH follow up if no answer) **Provide details above**	OPTION 4 Contact the On- Call ONLY if an immediate call back is required (3) Otherwise, HOLD for Check- In/Daily Recap (1)	Other (Pls provide details)
Office / Billing related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Calls for Staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anyone requesting an immediate call back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Urgent Calls (please list what type of calls you consider Non-Urgent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Urgent Calls include the following					
Urgent \ Emergency Calls (please list what type of calls you consider Urgent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urgent Calls include the following					

Other types of calls (Please Provide Details)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STAFF CONTACT INFORMATION

Please provide a list of any Staff that we may need to contact, their contact information and the preferred order of contact. (If further space is needed, please use another copy of this sheet)

Name	<input style="width: 95%;" type="text"/>	Position/ Title	<input style="width: 95%;" type="text"/>			
First Contact #	<input style="width: 95%;" type="text"/>	<input type="radio"/> Cell	<input type="radio"/> Res	<input type="radio"/> Text	<input type="radio"/> Pager	
Second Contact #	<input style="width: 95%;" type="text"/>	<input type="radio"/> Cell	<input type="radio"/> Res	<input type="radio"/> Text	<input type="radio"/> Pager	
Third Contact #	<input style="width: 95%;" type="text"/>	<input type="radio"/> Cell	<input type="radio"/> Res	<input type="radio"/> Text	<input type="radio"/> Pager	
Other Contact #	<input style="width: 95%;" type="text"/>	<input type="radio"/> Cell	<input type="radio"/> Res	<input type="radio"/> Text	<input type="radio"/> Pager	
Email Address	<input style="width: 95%;" type="text"/>					
Additional Info	<input style="width: 95%;" type="text"/>					

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