



Phone: (800) 435-9332 2112 W. Kennedy Blvd. Tampa, FL. 33606 Fax: (800) 421-9973

AnswerFirst Scripting Client Account Setup

Please complete setup forms. Once completed, please sign and date, and return with signed contract.

1. Date service is to begin? _____

2. What is the name of your business? _____

3. Who is our contact person? _____

4. What is your business Email address? _____

5. What is your business address? _____

6. Please provide basic driving directions to your location from a Landmark or Major Intersection: _____

7. Time Zone (Ex. E.S.T, M.S.T)? _____

8. If billing address different, please give _____

9. What is the nature of your business? _____

10. What are your normal hours of operation? _____

11. What times/days will we answer for you? _____

12. Choose an account password (optional): _____ (This password will be required before any changes or updates will be made to your account. Opting for no password may result in unauthorized changes to your account.)

13. How would you like us to answer your phones (answer phrase)? Our standard answer phrase is "Thank you for

calling _____, this is _____, how may I help you?" Is this acceptable?
If not, how would you like us to answer?

14. What is your business phone number? _____

15. What is your fax phone number? _____

15. Do we accept collect calls on your account? YES NO

16. Do you have any additional office phone numbers? _____

17. Do you have any additional phone numbers? Please list: (Example: Corporate office, 2nd fax line, etc.)

18. What customer information and/or data needs to be gathered and included when we take a message (Please be specific)?
(Attach script, if applicable) Please identify all required fields.

19. What customer information and/or data needs to be gathered and included when we take an order (Please be specific)?
(Attach script, if applicable) Please identify all required fields.

20. Who is your "Internet Service Provider"? What type of connection do you have? (Ex. Dial-up, cable modem, DSL.)
(**Broadband is highly recommended**)

21. Do you wish us to calculate costs, including tax, shipping and totals? (Additional fees apply.)

22. Do you wish us to process credit card payments and deliver the monies to your Merchant account?

If so, which institution is your merchant account with?

What is the merchant account number?

What is the Merchant I.D.?

What is the Terminal I.D.?

What credit card payment processor(s) does your merchant account utilize? (Must be supported by Verisign, ask your institution)

Which credit cards do you accept for payment? (Please list each. Ex. Visa, MasterCard, AMEX, etc.)

23. List all products, options and complete costs, including discounts, taxes and shipping (Be specific, use additional sheets or attach documents).

24. By what means (e-mail, fax, download from database, etc.) and how often do you wish to receive or access your data?
All forms of public communications, including but not limited to facsimile, telephone or electronic mail are by their very nature subject to illegal eavesdropping or interception. AnswerFirst will not be held liable for any damages due to these illegal actions.

If fax, what is the fax telephone number?

If e-mail, what is the e-mail address(s) and the recipient's full name?

If downloading from database, is CSV format acceptable? If not, please specify?

If download, who shall have access to the data?

If download, what would you like the username (less than 16 characters) and password (5 – 16 characters) to be?

25. If our custom forms, shopping cart or website is temporarily unavailable or inaccessible, what contact information do you wish us to obtain from the caller?

How do you wish us to deliver this information? (ex. E-mail, fax, call you)

26. What do you consider to be an emergency? **(Be very specific, this information will be used by operators to deliver messages appropriately. Assume nothing)**

27. **If you have purchased** "Client Web Access" please choose a username and password:

Username: (Please choose an email address where you receive email) _____

Password: (Please choose any combination of letters and numbers) _____

28. What are your emergency message delivery procedures?

29. Please list the emergency message protocol we are to follow if there is no response from your first choice (Example: we are first to call Mr. Doe, but he does not answer, what do we do then?)

30. What do you consider to be a routine message? (Example: Personal phone calls, solicitor calls, etc.)

How do you wish them delivered? (Fax or e-mail each, hold for fax or e-mail summary, etc.)

31. Do you wish us to disclose that we are a message center? Never When Asked Always

*** If “ Never ” is checked: We will do our utmost not to reveal we are your message center, however, our policies prohibit us from being dishonest or lying to callers. In emergency situations or if the caller persists, we will always reveal we are your message center ***

It is our standard operating procedure to give out the name of your business, your address, your main phone number and your fax number when asked by the caller. Is this acceptable? YES NO
If no, what information, if any, do you wish us to disclose?

32. **If you have purchased** “Client Web Access” please choose a username and password:

Username: (Please choose an email address where you receive email) _____

Password: (Please choose any combination of letters and numbers) _____

33. Is there any other information we need to service your account? (Example: PO numbers, client lists, property listings, on call schedules, etc.) (Attach additional sheets if necessary.)



