

Service and Payment Information

To be filled out by Accurate Answering Service staff and signed by client:

Call forward to this number: _____

To check in for messages call this number: _____

Back up number to check in for messages: _____

Rates:

Base monthly rate: _____

For each page: _____

For each over call: _____

For each patch: _____

For each order: _____

For each appt: _____

For addt'l faxes: _____ (two per day included in monthly rate)

Circle Payment method for first month service:

check cash money order credit card

If check: check #: _____ amount: _____

If credit card: Visa Mastercard Discover

card #: _____ exp: _____

customer signature: _____

amount : _____

Accurate employee name: _____

Signature: _____ Date: _____