

209 Parkway Drive  
P.O. Box 7968  
Kalispell, MT 59901



Office (406) 752-6811  
Toll Free (800) 798-9365  
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### ANSWERING SERVICE – CUSTOMER INFORMATION

Business/individual Name: \_\_\_\_\_ Account No. \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phones: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
 Back Line(s): \_\_\_\_\_ Pager: \_\_\_\_\_  
 Phone Number(s) to be forwarded to MT1Call: \_\_\_\_\_  
 Name of Phone Company for Number(s) to be forwarded to MT1Call: \_\_\_\_\_  
 How to Answer: \_\_\_\_\_

Office Hours: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_  
 Forward Phones When: Lunch \_\_\_\_\_ Night \_\_\_\_\_  
 Weekends \_\_\_\_\_ Holidays \_\_\_\_\_

Info to be Taken  Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Message: \_\_\_\_\_  
 Other: \_\_\_\_\_

Dispatch Calls How:  Page All  
 Patch  
 Page Emergency Only  
 Hold, Will Check  
 Voice Mail  
 Auto FAX  
 Email: \_\_\_\_\_  
 Text to Cell Phone Number: \_\_\_\_\_  
 Cell Phone Provider: \_\_\_\_\_  
 Other: \_\_\_\_\_

Accept Collect Calls:  Yes  
 Emergency or \_\_\_\_\_  
 No

	Name	Home #	Pager#/Type	Cellular	Misc.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Important Facts: \_\_\_\_\_  
 \_\_\_\_\_

Customer Initial \_\_\_\_\_ Date \_\_\_\_\_ MPN Initial \_\_\_\_\_ Data \_\_\_\_\_