



## Client Information Sheets

<b>(Internal Use Only)</b>	
<b>Sales Person:</b> _____	<b>Date:</b> _____
<b>Call Forwarding Number:</b> _____	
<b>Transfer Number:</b> _____	
<b>Infinity Account Number:</b> _____	<b>Centuri Account Number:</b> _____
<b>Billing ID:</b> _____	

*Please fill out the following forms to the best of your ability. If you have questions, please feel free to call 877-421-9939 for assistance.*

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Hours:** \_\_\_\_\_ **Lunch:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Private Line:** \_\_\_\_\_

**Fax Line:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Billing Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***Reaching Instructions:***

**Please list the types of calls that you want to be reached on:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please list the types of calls that you do not want to be reached on:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please list the steps that our dispatchers should take in order to reach you:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

***If we are reaching via pager or text message, please answer the following questions:***

**Name of Paging Carrier:** \_\_\_\_\_

**Do you have alpha or numeric pagers:** \_\_\_\_\_

**If alpha, do you want text messages or email to text:** \_\_\_\_\_

**If email, what is the address of your pager/phone:** \_\_\_\_\_

***Non Emergency Message Retrieval***

Would you like your non-emergencies typed or put into voicemail: \_\_\_\_\_

***Emailing***

*We send email messages individually as we take them.*

What email address(es) would you like your messages sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Message Tickets***

**Sample**

<b>FIRST/LAST NAME:</b> _____
<b>COMPANY NAME:</b> _____
<b>A/C PHONE:</b> (    ) _____
<b>ADDRESS:</b> _____
<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____
<b>REGARDING:</b> _____
_____

**Please list the information you want us to retrieve from your callers:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

*Employee Directory*

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

*Name:* \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Res:** \_\_\_\_\_

**Pager:** \_\_\_\_\_

## PAYMENTS MADE EASY

### 1. Pay Your Invoice By Credit Card:

Customer Number	Amount Due	Billing Cycle (Circle One)
		<b>Monthly</b>
Select CREDIT CARD - Card Type: VISA _____ MasterCard _____ Discover _____ AMEX _____		
Card Number _____   _____   _____   _____ Exp. Date: ____/____		
<b>3 Digit Verification Code</b> _____ (Last 3 digits of the number on the back of the card)		
<b>Signature: x</b> _____		
Customer Name: _____		
Cardholder Name: _____		
Cardholder Address: _____		

**OR**

### 2. Pay Your Invoice By Direct Debit to Your Checking Account:

<p><b>To sign up, sign the authorization below and include a <i>VOIDED</i> Check.</b></p> <p>I hereby authorize Cornerstone, as billing agent for COMLINK - UNICALL, to begin deducting services payments from my account in the institution shown on the attached VOIDED check. This authorization will remain in place until I notify you to cancel the automatic charge (at least 30 days notice required). I understand that I am responsible for having sufficient funds in my checking account to cover these payments.</p> <p><b>Customer Name:</b> _____ <b>Account Number:</b> _____</p> <p><b>Customer Address:</b> _____</p> <p><b>Authorized Signature: x</b> _____ <b>Date</b> _____</p> <p><b>Monthly</b> <b>Est. Amount of Each Bill:</b> _____</p>
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\_\_\_ **CHECK HERE IF YOU WOULD LIKE A COPY OF THE INVOICE MAILED TO YOU**

Please note your Credit Card and/or Bank statements will say **“COMLINK / UNICALL”**