



Account # _____

P.O. Box 1088 - Seneca, SC 29679

Please return completed form by fax to 864-886-4700 or by email to admin@wegetthemessage.com

Account Set Up Sheet

Client Name _____

Billing Address _____ Suite Nbr. _____

City _____ State _____ ZIP _____

Physical Address _____ Main Phone _____

City _____ State _____ ZIP _____ Fax Nbr. _____

Primary Contact _____ **A/P E-mail** _____

Email Address(es) For Messages _____

Answering Phrase _____

Message Handling Instructions _____

Normal Business Hours _____ Lunch (or other breaks) _____

Projected Call Volume (Daily or Monthly) _____

Peak Call Times (Identify Days and Hours) _____

Persons Authorized to Issue Instructions to ProComm® _____

Other Account Instructions _____

Authorized By (Signature): _____

Please attach on company letterhead any additional information you may think we need to properly handle your account, including any information on providers/employees. Please fill this form out completely and return via fax to 864-886-4700. ProComm, LLC P.O. Box 1088 Seneca, SC 29769.

Contact List

Name	Primary Contact Number	Type <small>(home, office or cell)</small>	Preferred Method <small>(Call or text)</small>	Alternate Contact Number	Type <small>(home, office or cell)</small>	Preferred Method <small>(Call or text)</small>

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OFFICE USE ONLY

Forwarding Account Number _____

Toll Free Access No. _____

Verification of Account, All Signatures Needed For Approval _____

Service Package _____

Corporate Discounts? _____

Sales Representative _____

Call Center Manager _____

IT Representative _____

Billing Administrator _____

Corporate Director _____