



TNS ANSWERING SERVICE Ltd.

1222 3rd Avenue South Lethbridge AB T1J 0J9

Phone: (403)328-1222

Fax: (403)380-6363

Email: tnsansweringservice@tnscom.com

Cancellation of service may be made by either party upon 30 days written notice.

Company Name:	_____	Normal Hours:	_____
Email Address:	_____	(M-F, Wknd)	_____
Address:	_____	Postal Code:	_____
Physical Location:	_____		

Company Phone Number(s):

_____	Forwarding <input type="checkbox"/>	Nonforwarding <input type="checkbox"/>	_____	Forwarding <input type="checkbox"/>	Nonforwarding <input type="checkbox"/>
_____	Forwarding <input type="checkbox"/>	Nonforwarding <input type="checkbox"/>	_____	Forwarding <input type="checkbox"/>	Nonforwarding <input type="checkbox"/>

Company Office Fax:	_____	Special # for Patching Calls:	_____
Owner's Name:	_____	Phone #:	_____
Owner's Home Address:	_____		
Manager's Name:	_____	Phone #:	_____
Manager's Home Address:	_____		

Procedures

What services or product does your company provide?

How do you want operators identified?

As your receptionist

As your Answering Service

How do you want your phones answered?

Do you wish your calls paged or patched to you?

Yes

No

Do you wish calls or pages after hours?

Yes

No

Are there instructions for emergency procedures?

Yes

No

If so, refer to last page of form.

Do you accept collect calls?

Yes

No

If so, from whom?

Contact People

	Employee Name	Pager #	Cellular #	Residence #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

After Hours Contact Procedures:

Instructions for Emergency Procedures:

Who to contact:

Contact Phone #:

Details:

Are there any people or companies you do not wish to speak to?

Do you wish to have your messages faxed to you?

Yes

No

If so, at what time?