



209 Parkway Drive  
P.O. Box 7968  
Kalispell, Montana 59904

Office: 406.752.6811  
Toll Free: 800.798.9365  
Fax: 406.752.7306  
info@montanaonecall.com  
www.montanaonecall.com

# ONBOARDING FORMS

## CUSTOMER INFORMATION - PART ONE

Your Business/Individual Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Business Phones: \_\_\_\_\_

Other Phones, such as back lines, fax phone numbers, other contacts and phone numbers, emails:

	Name	Home #	Cell	Email	Misc
1.					
2.					
3.					
4.					
5.					

How would you like us to greet your callers? What would you like us to say?

\_\_\_\_\_

Your office hours: \_\_\_\_\_

Other items we should know: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Montana One Call:      Internet Search      Social Media      Word of Mouth

Email      Event      Other: \_\_\_\_\_

**MONTANA ONE CALL: ONBOARDING FORMS**

---

PART ONE CONTINUED >

We will always ask your callers for their:

Name, phone number, alternate phone number, best time to return their call, who the message is for, what the message is regarding, and the message.

If there additional message information you would like us to obtain from your callers, please list:

---

---

---

How do you wish to receive your messages? Check all that apply:

- Cell phone text message
- Call cell phone with messages
- Fax messages

How often to fax:

Every message? \_\_\_\_\_

Or, what times of day? \_\_\_\_\_

- Email
- Patch (connect callers directly to your phone when you request)
- Send messages to pager numbers
- Secure Text Messaging (Customer responsible for subscribing to OnPage)
- Hold calls, you will call us to retrieve messages
- Other \_\_\_\_\_

Do you accept Collect calls? Yes No Only for \_\_\_\_\_

Authorized by Client: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

**CUSTOMER INFORMATION - PART TWO**

*(If this information does not apply to your business or company, simply leave blank.)*

Do you have a Show Room?  Yes  No

Show Room Hours, Address and Directions: \_\_\_\_\_

\_\_\_\_\_

Zip Codes of Territory: \_\_\_\_\_

\_\_\_\_\_

\*\* Are we to take Messages for:

All Zip Codes

Only Territory Zip Codes

Gray Area Zip Codes

List Gray Area Zip Codes: \_\_\_\_\_

\_\_\_\_\_

Please list all employees: \_\_\_\_\_

\_\_\_\_\_

Would you like us to say that you are simply unavailable at the moment, or do you have a different message for us to give the caller? \_\_\_\_\_

\_\_\_\_\_

When should we tell callers that you will return their calls? \_\_\_\_\_

\_\_\_\_\_

Would you like us to make appointments for you?  Yes  No  Other: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Authorized by Client: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

## SERVICE AGREEMENT

Date: \_\_\_\_\_

Billing Name: \_\_\_\_\_

Attn or dba: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Physical Address (if different than above): \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security # or Federal ID#: \_\_\_\_\_

Sole Ownership  Corporation  LLC  Partnership  Other: \_\_\_\_\_

### Company Officers:

Name & Title: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

### Credit References:

1. Bank: \_\_\_\_\_

Bank Address and Phone: \_\_\_\_\_

2. Vendor: \_\_\_\_\_

Vendor Address and Phone: \_\_\_\_\_

*By signing this form and giving us your social security number or Federal ID#, you give us permission to consider your credit history as required by our credit reporting company.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TERMS AND CONDITIONS OF SERVICE

The customer, hereafter known as subscriber, requests **MONTANA ONE CALL CENTER**, hereafter known as **MOCC**, to furnish telephone answering services subject to the current schedule of Rates and to the following conditions:

1. This contract is for a minimum of twenty eight (28) days, automatically renewed every month unless otherwise revoked. Prices are subject to change at any time. Subscriber or **MOCC** may cancel this contract at any time with twenty eight (28) days written notice.
2. Subscriber will remit the agreed upon base rate for service in advance. Excess usage, patch, and long distance charges, if any, are billed the following month. **MOCC** uses a twenty eight (28) day billing cycle, with payment due within 14 days. **MOCC** reserves the right to assess a late charge of at least \$2.00 per delinquent billing cycle, beginning one cycle past due.
3. In the event of non-payment, **MOCC** may terminate all service until all charges are paid, and may terminate this contract without notice. **MOCC** may withhold messages from any subscriber who is in arrears in the payment of their account. The subscriber shall pay all collection agency fees, commissions and/or the cost of any action instituted, with the attorney fees made necessary in the collection of any monies due for services rendered under this contract. Checks returned to **MOCC** by the subscriber's bank, for any reason, may result in immediate termination of service and may result in termination of this contract. A fee of \$30.00 will be charged for the returned check.
4. The liability for any damages arising out of any service under this contract, whether caused by negligence of **MOCC** employees or otherwise, is limited to \$100.00 or one month's basic service, whichever is greater.
5. **MOCC** will treat all messages as confidential, with the exception that we cooperate with all law enforcement agencies, disclosing whatever information they shall require about the subscriber in the performance of their legal duties.
6. Permanent records of your messages are available upon request. There may be a fee required to retrieve messages over one week old or print out messages on regular basis.
7. **MOCC** cannot be held responsible for acts of God or failure of your telephone service company.
8. Subscriber authorizes **MOCC** to make any necessary inquiries to properly evaluate subscriber's credit standing.
9. Subscriber is responsible for providing **MOCC** with current, accurate information regarding the handling of calls and delivery of messages.

The undersigned hereby personally and irrevocably guarantees the obligations of the Subscriber set forth in this agreement, accepts the responsibilities of all charges stated within this contract and has read and understood the terms of this contract appearing above.

You *may* choose your desired plan below or MOCC will make a recommendation based on indicated usage. MOCC will always watch the account over the first 1-2 months of service to ensure that you are in the most cost-effective plan for your call volume.

<b>Straight Time</b>	<b>60 Minutes/Month*</b>	<b>210 Minutes/Month*</b>	<b>410 Minutes/Month*</b>
<b>30 Minutes/Month*</b>	<b>10 Minutes/Month*</b>	<b>310 Minutes/Month*</b>	<b>510 Minutes/Month*</b>

*\*Months are 28-day cycles. New plans will be charged a \$99 one-time setup fee. Services will be billed monthly. First month will be prorated according to date.*

*\*Please discuss optional services (appointment scheduling, front end voice announcement, etc.) with your account rep during account setup.*

MOCC Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT CARD AUTHORIZATION  
AUTOMATIC PAYMENT**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Mailing Address City State Zip Code

**Card Type:**

Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
Credit Card Number Expiration Date Card Code

\_\_\_\_\_  
Name of Cardholder

\_\_\_\_\_  
Billing Address (if different than above) City State Zip Code

By signing below, i authorize Montana One Call Center to debit my Credit Card every 28 days for the payment of my invoice. I understand that I am responsible for advising Montana One Cal Center of any changes in my credit card information. I understand that I could receive notices and calls concerning my payment should my credit card company decline my credit card payment. This agreement will remain in effect until I notify Montana One Call Center in writing to cancel it.

\_\_\_\_\_  
Signature Date Phone Number