



Client Information Sheets

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

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

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

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

OR

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

<p>To sign up, sign the authorization below and include a <i>VOIDED</i> Check.</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>Customer Name: _____ Account Number: _____</p> <p>Customer Address: _____</p> <p>Authorized Signature: x _____ Date _____</p> <p>Monthly Est. Amount of Each Bill: _____</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”**