

ANSERVE'S CUSTOMER INFORMATION FORM

973-283-2000

COMPANY NAME: _____

ADDRESS (No P.O Box #): _____

(City) (County) (State) (Zip)

BILLING ADDRESS (if different from above) _____

(City) (County) (State) Zip

AREA CODE: () PHONE #: _____
Area Code

PRIVATE OFFICE #: () _____ FAX #: _____

ANSWER PHRASE (*Exact wording for answering line*):

E-MAIL ADDRESS: _____ WEB-SITE ADDRESS: _____

TYPE OF BUSINESS: _____

INDIVIDUALS FOR WHOM WE WILL TAKE MESSAGES:

(NAME) (AREA CODE/HOME PHONE #) (BEEPER)

INFORMATION NEEDED ON MESSAGES:

FAX OR E-MAIL MESSAGES? _____ TIME(S) OF DAY(S) TO BE
SENT: _____

NAME AND SS# OF PERSON RESPONSIBLE FOR BILL:

BANK BRANCH: _____ CHECKING

ACCT.# _____

TAX ID # _____

REASON FOR LEAVING LAST SERVICE: _____

SIGNATURE OF PERSON FILLING OUT FORM: _____

TITLE : _____ DATE: _____

FAX FORM TO: 973-283-1044

(rev. 4/08)