

INDIVIDUAL BUSINESS INSTRUCTION FORM

Please include as much information as possible regarding your preferred call relay instructions to assist us in handling your important messages efficiently.

NAME: _____

CONTACT NUMBERS: please list in preferred order & indicate if we should only use home number after a certain time

1st: home, cell or pager: () _____

2nd: home, cell or pager: () _____

3rd: home, cell or pager: () _____

4th: other () _____

TYPE OF PAGER INCLUDING PAGER COMPANY NAME

Alpha: _____ Numeric: _____ Pager Company: _____

If number pager: put in Service # or Callers #: _____

CELL PHONE CARRIER: _____

RELAY INSTRUCTIONS

Relay all calls: _____ Emergency Only: _____

If **EMERGENCY** calls only, please define emergency: _____

ADDITIONAL SPECIAL INSTRUCTIONS: _____

ARE YOU AVAILABLE FOR *NON* CUSTOMERS: _____

Signature

Date