

CALLSBO Call Center / Answering Service Initial Interview Form

Subscriber Name (Company or Person) _____

Subscriber Contact Person (Owner or Manager) _____

Physical Address, City, State, ZIP Code _____

Billing Address, City, State, ZIP Code _____

E-mail Address of Contact Person _____

Business Federal Tax ID (EIN) (or Social Security Number for individuals or sole proprietorships) _____

Main Published Phone Number (including Area Code) _____

Secondary Phone Number or Toll-Free Number _____

Private ("inside") Phone Number _____

FAX Telephone Number _____

If your company has a Web Site, please enter the address here: _____

Are you interested in Web Site service? Yes No

Type of Business, including Product Line (if applicable). Please include **specific** information identifying your product(s) or service(s). "Sales" or "Marketing" or "Retail" are too general and NOT valid responses.

Date you would like service to begin _____

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How will the calls be directed to CALLSBO? _____

Will you be using a Toll-Free Number? Yes No

Should CALLSBO accept COLLECT calls? Yes No

How would you like us to answer the phone? _____

Please list your Office Hours

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours by appointment only?

Please describe what you would consider to be the types of "Routine Calls" that we might received on your line. What will be the CONTENT or PURPOSE of the calls?

(NOTE: If more than 50% of your calls will be ORDERS, your account may be subject to Order-Taking rules, regulations and rates.)

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What types of information are we expected to try to obtain from the caller?

- For (Specific person caller is trying to reach)
- Company
- Phone Number
- Message
- Best time to return call
- Do you need to speak with someone before the next business day?
- Caller Name
- Address
- E-mail Address
- Work or alternate Phone Number
- Is this an Emergency?

How should "ROUTINE" messages be delivered?

- Email on receipt (specify address)
- E-mail 4 times daily (specify address & time)
- Fax on receipt
- Our staff will check once daily
- Other (specify) _____
- E-mail daily (specify address & time)
- Fax 4 times daily (specify time)
- Our staff will check multiple times daily

Please provide CALLSBO with a list of "Frequently Asked Questions" (FAQ's) about your business, and how you would like us to answer each question. **If this information is published on your website and is complete, just check here:**

Please describe an "EMERGENCY" or "URGENT" call, which CALLSBO should attempt to relay *as soon as possible*:

- There will be NO EMERGENCY OR URGENT CALLS on this account
 - Threat to life or property
 - Injury or death
 - If caller states it is an "emergency"
 - Caller needs to speak with someone before next business day.
 - OTHER -- *Please BE SPECIFIC* _____
-

How shall we handle PERSONAL CALLS?

- Same as routine message delivery
- Hold for check-in
- Deliver immediately using Emergency procedure
- Check here if you would like the phone to be answered by a "Pre-Screen" message (*no additional charge*) to advise callers of your office hours, advise to call back during regular hours if not an emergency, or perform other screening functions (instructions will be provided for how to set up and record this message).
- Check here if you would like to use the "Custom Auto-Answer" feature (*no additional charge*) to provide a customized message identifying your company, hours, etc., in the event the phone rings more than 4 times during busy calling periods.

PERSONNEL ROSTER INFORMATION

Please use the following sections to provide a COMPLETE LIST of all Managers, Supervisors and On-Call individuals, their areas of Specialty, and contact information. Please list these individuals in the ORDER IN WHICH THEY SHOULD BE CONTACTED IN AN EMERGENCY, should the designated On-Call individual(s) not be reachable.

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Person Number 1 Name _____

Position/Title _____

Home Phone (with Area Code) _____

Mobile/Cellular or Alternate Phone # _____

Pager Number (with Area Code) _____

Person Number 2 Name _____

Position/Title _____

Home Phone (with Area Code) _____

Mobile/Cellular or Alternate Phone # _____

Pager Number (with Area Code) _____

Person Number 3 Name _____

Position/Title _____

Home Phone (with Area Code) _____

Mobile/Cellular or Alternate Phone # _____

Pager Number (with Area Code) _____

Person Number 4 Name _____

Position/Title _____

Home Phone (with Area Code) _____

Mobile/Cellular or Alternate Phone # _____

Pager Number (with Area Code) _____

Person Number 5 Name _____

Position/Title _____

Home Phone (with Area Code) _____

Mobile/Cellular or Alternate Phone # _____

