



# Set Up NOW and get 2 Weeks Free Service to try us out!!!

## MOTHER LODE ANSWERING SERVICE, INC.

OWNERS NAME \_\_\_\_\_ DRIVERS LIC# \_\_\_\_\_ Date \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX# \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 ANSWERED AS \_\_\_\_\_ OFC HOURS \_\_\_\_\_

TYPE OF BUS. \_\_\_\_\_  We will forward our line to MLAS  We need MLAS to issue us a # that only rings there.

DO WE ACCEPT COLLECT CALLS?  Yes  No \*IF YES, FROM WHOM (BE SPECIFIC) \_\_\_\_\_

**HOW DO YOU WANT YOUR MESSAGES HANDLED BY OUR SERVICE?**

- Hold messages until you check in
- Relay emergency, urgent or important calls only
- Fax/Email Messages as they come in
- Fax/Email Messages at specific time Daily \_\_\_\_\_ am/pm  
 FAX# \_\_\_\_\_ Email \_\_\_\_\_

**PAGER CUSTOMERS:**

- I Have a Pager.  I need MLAS to sell me a Pager.
  - Page me on every call
  - Page me only with emergency, urgent or important calls
  - Page me for service calls only
- Pager number: \_\_\_\_\_

**IMPORTANT ITEM TO CLARIFY**

DO WE REACT TO CALLERS CLAIMING IT'S AN EMERGENCY, URGENT OR IMPORTANT?  YES  NO

If yes, please define what calls you feel are "emergencies", "urgent" or "important", and how you want it handled:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**● PERSONNEL WHO WILL BE RECEIVING MSGS:** (Anyone not listed WILL NOT BE ABLE TO PICKUP MESSAGES)

	Name	Home Phone	Cell Phone	Pager Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**● INFORMATION ON YOUR BUSINESS** (Tell us as much as you can)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

● Inner office phone #'s: \_\_\_\_\_

● List a phone number that you can be reached at in the event of an emergency: \_\_\_\_\_

● Date you want the 14 day Free trial to Start: \_\_\_\_/\_\_\_\_/2009

● Do you wish to automatically continue service upon the completion of the trial?

- Yes, (CC or Check Draft Required below) and at that time charge my first & last months service and the \$25 activation
- Discontinue service at that time and contact me, so we can discuss.

**Credit Card** see item 13 sec 2 (Circle which) Visa / Mc / Amex / Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check Draft** see item 13 sec 2 Bank name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Acct Number: \_\_\_\_\_

*(Attach a voided check)*

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