



OnPoint Business Solutions LLC
Answering Service Client Sign-Up Form

1. Business Information

- **Business Name:** _____
- **Contact Person:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Business Address:** _____
- **Website (if applicable):** _____

2. Service Preferences

- ☐ 24/7 Answering
- ☐ Business Hours Only
- Other: _____
- ☐ After Hours Only
- ☐ Weekend Coverage

3. Call Handling Instructions

- Preferred Greeting Script:
E.g., "Thank you for calling [Your Business Name], this is [Agent's Name], how may I help you?"
- Call Transfer Instructions (if any):
 - ☐ Transfer all calls
 - ☐ Only transfer urgent calls
 - Transfer to: _____
- Voicemail or Message Delivery Preference:
 - ☐ Email
 - ☐ Text
 - ☐ Both
 - Preferred Delivery Address(es): _____

4. Emergency Contact (if applicable)

- Name: _____
- Phone Number: _____
- When to contact: _____

5. Additional Notes or Special Instructions

6. Agreement & Authorization

By signing below, I authorize OnPoint Business Solutions LLC to provide answering services as outlined above. I understand and agree to the service terms and monthly fees as discussed.

- | | |
|---------------------|----------------|
| • Signature: | • Date: |
| _____ | _____ |