

Management Services Unlimited, Inc.

10522 S Cicero Ave #407, Oak Lawn, IL 60453 (708) 377-0739

Answering Service Agreement

Date: _____

Company Name:	Billing Name:
Address:	Billing Address:
City: State: Zip:	City: State: Zip:
Phone: ()	Billing Department Phone Number:
Fax: ()	Fax: ()
What Telephone Number(s) Forward to Answering Service: ()	Attention:

Please Select the Option that fits your Business needs _____

OPTION	MONTHLY BASE RATE	INBOUND CALLS INCLUDED	ADDITIONAL CALLS
Basic Answering Service	\$49.99	0	\$1.05
Small Business	\$69.99	75	\$0.75
Small Business Pro	\$99.99	150	\$0.55
Small Business Ultimate	\$199.99	250	\$0.50
Unlimited (Introductory)	\$349.99	Unlimited	\$0.00

FREE SETUP FEE

CREDIT CARD AUTHORIZATION

CARD TYPE:		NAME ON CARD: _____
CREDIT CARD NO:	_____	EXPIRATION DATE: _____ CVV: _____
BILLING ADDRESS:	_____	CITY: _____ STATE: _____ ZIP: _____
AMOUNT TO BE CHARGED: \$	_____	
AUTHORIZED SIGNATURE: _____		

This agreement dated , _____ 2016 provides that Management Services Unlimited, Inc. (MSUI) agrees to provide Telephone Answering Service for the above Named Account, Customer agrees that this Account is for one Business only (Multiple Locations of the Same Company are permissible). Customer is solely responsible for Call Forwarding their Business Number to our Facility.

Customer agrees to pay all Service Charges as indicated above and incurred on your account within 15 days of Invoice Date. A \$5.00 late fee will be applied to any past due Invoices. Finance Charges of 1 1/2% per Month or the maximum rate allowed by law will be applied as well as all costs of collection, including reasonable attorney's fees. In the event Customers account is past due, Constant Communications has the right to Disrupt Service or withhold Messages until delinquent balance has been paid in full.

Either party may cancel this Service agreement upon a 30-day written notice.

Liabilities and Indemnification: Except in circumstances beyond its reasonable control. MSUI agrees to exercise its best efforts to perform or in the case of sub-contracted services, cause to be performed, all Services in a timely and businesslike manner, Customer agrees to indemnify and hold MSUI harmless from and against any claims, causes of action, damages (either direct or indirect) expenses, fees, costs, liabilities or demands of whatever nature arising out of or accruing from its performance hereunder. In the event MSUI is found liable for any breach under this agreement Customer hereby agrees that its sole and exclusive remedy shall be an amount equal to the sum of \$25.00 or (1) Months Basic Service Charge whichever is greater. And the provision of this section shall apply if loss or damage, irrespective of cause or origin, results directly or indirectly to persons, property or loss of business, from performance or non-performance of the obligations imposed by this agreement or from negligence, active or otherwise, of MSUI.

I, the undersigned, have read and agree to the prices, terms and conditions of this agreement.

Authorized Signature

Approved by Management Services Unlimited, Inc.

Date

Date

Customer Information

How would you like us to Answer your Phone? _____

Service Ordered by: _____

Office Hours: Monday - Friday _____ Saturday _____ Sunday _____

Nature Of Business: _____

Dispatch Notification

Do you want to be Notified for ALL Calls? _____

Do you want to be Notified of only Emergency Calls? _____

If Yes, please specify what you consider an Emergency:

What steps do you want to be Notified for the above Call procedures?

Name

Numbers (Home/Cell)

Step 1: _____ if no answer proceed to #2

Step 2: _____ if no answer proceed to #3

Step 3: _____ if no answer proceed to #4

Step 4: _____

If Voice Mail is activated when calling above numbers, do you want us to:

1) Leave the entire message? _____

2) Leave Message to Call the Answering Service? _____

Please indicate what type of time frame between each step? 15 minutes _____ 30 minutes _____ 60 minutes _____

3) Message Delivery Time: Fax _____ or Email: _____ (Monday - Friday) Time: _____

(Saturday): _____

Email Address: _____ (Sunday): _____

4) Do you want your Invoice MAILED, EMAILED _____ FAXED _____

All Changes to the above should be done in writing. Mail or fax to us at 708-597-2388

For Office Use Only:

Account Number: _____

Payment Method: Check _____ Call Forwarding Number: (_____) _____

Cash _____

In Service Date: _____