

# SERVICE ORDER

Decision Maker Name (First-Last)	Service Address
Company Name	Billing Address
Phone	E-mail / website

Service Date: \_\_\_\_\_

Service Time: \_\_\_\_\_

Order No: \_\_\_\_\_

Rep: \_\_\_\_\_



- Unlimited calls, text and fax
- Employee extensions
- Voicemail via email
- Toll-free numbers
- Local numbers
- Call forwarding
- Auto-answer
- Call transfer
- Call queues
- Call park
- IVR
- SMS text
- Fax via email
- Number porting
- Android voice, fax, text
- iPhone voice, fax, text

Numbers to Port		
<input type="checkbox"/>	FAX - CNAM - CELL	<input type="checkbox"/>
<input type="checkbox"/>	FAX - CNAM - CELL	<input type="checkbox"/>
<input type="checkbox"/>	FAX - CNAM - CELL	<input type="checkbox"/>
<input type="checkbox"/>	FAX - CNAM - CELL	<input type="checkbox"/>
<input type="checkbox"/>	FAX - CNAM - CELL	<input type="checkbox"/>

Hosting Service	Promo - Total
Business Phone Service <input type="checkbox"/> \$ 35	<input type="checkbox"/> \$
Fax Line <input type="checkbox"/> \$ 15	<input type="checkbox"/> \$
Add DID (phone number) <input type="checkbox"/> \$ 10	<input type="checkbox"/> \$
Add Toll Free (844 number) <input type="checkbox"/> \$ 20	<input type="checkbox"/> \$
On Site Diagnostic (Emergency Service \$125) <input type="checkbox"/> \$ 125	<input type="checkbox"/> \$
Tune Up + Virus Removal + Data Backup <input type="checkbox"/> \$ 95	<input type="checkbox"/> \$
Per Hour Support (Remote) <input type="checkbox"/> \$ 65	<input type="checkbox"/> \$
Network Setup (3 Devices) <input type="checkbox"/> \$ 150	<input type="checkbox"/> \$

\$ _____ Total	\$ _____ Monthly fee	Payment Method Check No. _____	Voided Check <input type="checkbox"/>
\$ _____ Received	_____ Months	Routing No. _____	Account No. _____
\$ _____ Balance	CC No. _____	Date _____	CVC no. _____
Signature _____	Date: _____	Rep _____	Date: _____
			White Client Pink Office COPY OF BILL <input type="checkbox"/> Done



**Ken Dresser**  
 Telephone Consultant

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**Fast Telephone Repair and Service**

