Appointment-Plus Signup Form

Welcome to the Live Receptionist with Appointment-Plus service!

Thank you for choosing PATLive and Appointment-Plus as your service and scheduling providers. We would like to use this opportunity to better acquaint you with our company and how the service works.

Based out of Florida's capital city, PATLive is a quality leader in the information services industry. Our mission is to provide fast, friendly, reliable, and innovative telephone answering services. Partnered with Appointment-Plus, an online scheduling software provider, we give you the benefits of both worlds. PATLive Receptionists are a highly-skilled team of agents working for you 24 hours a day, 7 days a week.

We want to make our service unique for *you.* The more information you give us, the better we can accomplish this goal. The next few pages will ask for your business information, including the following:

- A general company description
- Services and events offered
- Contact information
- Staff member information and schedules
- Payment options
- Office hours

The criteria will be entered into your PATLive account and used to build an individualized webpage that Live Receptionists can use to schedule, reschedule, and cancel appointments. They will also be able to answer general questions about your business.

For more customized service, we recommend that you log into your Appointment-Plus website to make any necessary changes. Besides viewing the scheduling interface and company information Live Receptionists use, you will also be able to customize and edit information on your page.

In addition to scheduling capabilities offered with the Live Receptionist, you will also be able to do the following from the website:

- View and print your daily appointments and appointment records
- Export your appointment schedule into your Outlook calendar.
- Send emails to all your customers at once
- Send appointment reminder emails to staff members and customers

…and much, much more!

Once your account is set up, we will give you a confidential login name and password to access the website. We ask that you do not change the login name and password, but if you would like to change them please ask us to assist you. If you are unable to update your account through the website, please request an update form be sent to you and within 48 hours your changes will be activated.

Simply fax this form to 1.800.800.6126 and within 7 days your service will begin. We would love to hear from you if you have any questions or concerns about the setup process. Our Customer Care Representatives are available 24 hours a day, 7 days a week by calling 1.800.775.7790 or emailing pat@patlive.com.

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Contact Information:

Please Print:

Customer Name _____ **Account #** _____

For better account management, we recommend that you provide a contact person (such as your office manager). Keep in mind that this person will have full access to your PATLive account. If you would prefer not to designate a contact person, please write 'N/A' in the space provided.

Contact Person _____ **Title** _____

Business Name _____

Mailing Address _____

City _____ **State** ____ **Zip** _____

Physical Address (if different from mailing address)

_____

City _____ **State** ____ **Zip** _____

Email will be our main form of communication regarding your account. If it is more convenient, please provide the contact person's email address.

E-mail Address _____

Business Phone _____ **Fax** _____

General Office Information:

Description of Business

_____

_____

Office Directions

_____

_____

Services and Events:

The following page will ask you to list the different services or event offered by your office; e.g.:

Title *(describe briefly)*	***Service/ Event***	***Cost***	***Days Offered***	***Duration*** *(include a buffer between appts)*	***Max # of Participants*** *(if applicable)*	***Start Time*** *(if applicable)*
Deep Tissue Massage – It realigns deeper layers of muscle.	Service	99.95	Monday-Friday	2.5 hours	N/A	N/A
Massage 101 – Teaches basics of massage therapy.	Event	75.00	MWF	4 hours; snacks are provided	12 people	11:00am

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Services and Events Continued:

Title *(describe briefly)*	***Service/ Event***	***Cost***	***Days Offered***	***Duration*** *(include a buffer between appts)*	***Max # of Participants*** *(if applicable)*	***Start Time*** *(if applicable)*

Client Payment Options:

Insurance _____

_____

Credit Cards _____

_____

Other _____

_____

Office Hours of Operation:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

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Appointment Information:

Do you offer recurring appointments? ❒ Yes ❒ No

Do you offer same-day appointments? ❒ Yes ❒ No

If yes, how far in advance should your office be notified of the appointment? _____

Does your office have a cancellation policy? ❒ Yes ❒ No

If yes, please specify: _____

_____

Is the office closed for holidays? ❒ Yes ❒ No

If yes, which holidays? _____

_____

Staff Information:

Staff Member 1

Name _____ **Title** _____

Services/Event Offered _____

Working Hours _____

Days Off _____

Staff Member 2

Name _____ **Title** _____

Services/Event Offered _____

Working Hours _____

Days Off _____

Staff Member 3

Name _____ **Title** _____

Services/Event Offered _____

Working Hours _____

Days Off _____

Staff Member 4

Name _____ **Title** _____

Services/Event Offered _____

Working Hours _____

Days Off _____

Appointment-Plus Signup Form

Staff Information Continued:

Staff Member 5

Name _____ **Title** _____

Services/Event Offered _____

Working Hours _____

Days Off _____

Staff Member 6

Name _____ **Title** _____

Services/Event Offered _____

Working Hours _____

Days Off _____

Staff Member 7

Name _____ **Title** _____

Services/Event Offered _____

Working Hours _____

Days Off _____

Multiple Locations:

Do you have more than one office location? ❒ Yes ❒ No

If yes, please attach a sheet with general office, services and events offered, hours of operation and staff information for each location.

Additional Information:

Do you have any further comments or information regarding your business? _____

_____

_____

_____

_____

Customer Signature _____ ***Date*** _____

Your signature indicates consent to the terms of agreement found on www.patlive.com.