

Professional Bi-lingual Xchange

**230 South Eastman
Los Angeles, CA 90063
Phone: (323) 268-0267
Fax: (323) 266-3948
www.probx.com**

Service Agreement and Terms

Date _____

Company Name _____

Billing Address _____ ST _____ Zip _____

Telephone _____

Terms of Service

\$ 1.75 per minute for translation.

\$.75 per search

\$ 2.00 per Consultation.

\$ 2.00 per wake up/reminder.

\$ 2.00 per fax page received for customer.

\$.12 per minute for usage of (888) & (800) lines.

\$ 5.00 Each time PBX must use the remote access feature (RACF) to transfer your line(s).

All toll and long distance charges are to be paid by the subscriber. PBX is NOT responsible for the loss of business due to telephone company malfunctions or errors. The customer is responsible for all charges (\$45.00) associated with account setup even if services are not used by customer. A ten-dollar or 18 percent late fee will be applied to all or any unpaid balances of the bill at the next billing cycle which ever is greater. Billing is done on a monthly basis. Services can/will be terminated for nonpayment. Customer will provide direct access numbers for paging. PBX is not obligated to use paging company operators to contact subscriber. A \$ 25.00 check return fee is applied to all return checks. 30 days written notice of cancellation of services is required. Customers that cancel within 30 days of the start date of service forfeit the total first and last. Habitually late customers will be charged a \$ 25.00 late fee.

Leasing Number

Upon completion of this service agreement, you will receive a telephone number owned by PBX.

First and Last Month Payment

*First and last month payment is due within 7 days of the start of service.

Professional Bi-lingual Xchange

230 South Eastman
Los Angeles, CA 90063
Phone: (323) 268-0267
Fax: (323) 266-3948
www.probx.com

Cont.
on page 2

Contract Terms and Agreement Continued

I agree to the terms and conditions of this service contract.

Date _____

Name of Person Responsible for bill _____

Signature of Person Responsible for bill _____

Drivers License Number _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

Type of service provided by your organization:

Medical _____ Legal _____ Bail Bonds _____ Taxi _____ Auto _____

Clinic _____ Contractual _____ Real Estate _____ Insurance _____ Other _____

How did you hear about Professional Bi- Lingual Xchange?

Phonebook _____ Internet Search Engine _____ Referred by an Associate _____

Friend _____ Previous Customer _____ Another Answering Service _____

Other _____

***If you were referred by an existing customer that customer will receive a \$25.00 off their next bill.

For Internal Use Only

Activation _____ Verify Activation _____ Voice msg Delivery _____ V/m msg Ret. _____

Board Card _____ Bill Book _____ Bill Computer _____ RACF Access # _____

RACF Pin _____ Directory _____ Current Count _____ Remove Count _____

Verification Signature _____ Date _____ Filed By _____

Professional Bi-lingual Xchange

230 South Eastman
Los Angeles, CA 90063
Phone: (323) 268-0267
Fax: (323) 266-3948
www.probx.com

Please Complete the following Information

***Accounts cannot be set-up unless application is completed in full*

Rate Plan _____.

Company Name: _____

Address if different from contract or billing:

Nearest Cross street: _____

Office hours:

_____.

Answer Phrase (how you want us to answer):

What telephone number will we be answering: _____

Office telephone number that will not be transferred to us (back line):

Fax #: _____ Can the fax # be given out?

What do you want us to get from caller:

The Following lines are for you to supply us with the names, titles of your office staff.

This information is for **our** use only and *will not* be given to anyone.

Name: _____

Home Number	Cell Number	Pager Number
(_____) _____	(_____-) _____	(_____-) _____

Name: _____

Home Number	Cell Number	Pager Number
-------------	-------------	--------------

Professional Bi-lingual Xchange

**230 South Eastman
Los Angeles, CA 90063
Phone: (323) 268-0267
Fax: (323) 266-3948
www.probx.com**

(____)_____ (____)-_____ (____)-

Name: _____

Home Number

Cell Number

Pager Number

(____)_____ (____)-_____ (____)-

Pager Information:

Paging Company Name _____.

Paging Company Telephone # _____.

Pager number _____.

If your office uses alphanumeric pagers please provide the DMA # and the Pin numbers below.

DMA (direct modem access) # _____.

Pin # _____.

Email Address _____.

Additional Information for Medical Clients

Medical Offices – Please answer the following questions:

1. Do you accept walk-ins? Yes No

Professional Bi-lingual Xchange

**230 South Eastman
Los Angeles, CA 90063
Phone: (323) 268-0267
Fax: (323) 266-3948
www.probx.com**

2. Do you accept after-hours pharmacy calls? Yes No

PBX found that callers commonly ask these two questions. If you do not answer these two questions, our operators will tell your clients that they cannot give out this information.

On-call Information and Changes

PBX requires our medical clients to fax on-call information/changes to the exchange. Please fax this information as soon as you receive it. On-call changes must be faxed before 3:30 PM. The evening rush begins shortly after 3:30 PM and updating accounts during this time becomes difficult.

Please note

*******Doctors Offices/ Hospitals:**

Please inform hospitals and any other medical facilities to **identify themselves**, as such, to the operators at the exchange. By identifying themselves as medical facilities, it reduces call time and our operators can quickly follow the correct procedures for the call.

First and Last Month Payment

*First and last month payment is due within 7 days of the start of service.

Applicant's Name _____

Applicant's Signature _____

Date _____