VIRTUAL TELEPHONE SERVICES APPLICATION/CONSENT FORM

Date:	Name:
Telephone:	Email/Website:
Address:	Type of Business:
	Attention:
	(If different from name of client)
(The information above is requ	uired for the set up of the Virtual Telephone Service.)
	e with the following instructions: ecord the following greeting/message for our callers:
2. LANGUAGE	English Spanish
3. PASSCODE C DESIRED	4-digit 6-digit
	5-digit