



159 Madeira Avenue
Coral Gables Florida 33134
305.442.1144
800.444.1011
305.460.3500 Fax
sales@sunshine1.com

Thank you for your interest in using Sunshine Communication Services for your Answering Service needs.

Sunshine Communication Services, Inc. is a 24-hour live telephone answering service company that offers businesses both large and small, English and Spanish Answering Service. Since 1975 Sunshine has been providing communication services to companies that need a professional phone presence.

Sunshine Specializes In The Following:

**Medical Offices - Hospitals - Home Health Care - Hospice- Property Management-
HVAC - Plumbers- Lawn Care - Remote Receptionist - Lead Generation -
Switch Boarding and many more.**

***Dedicated to
PERFECTING THE ART OF TELEPHONE
CUSTOMER SERVICE***

**Please review the enclosed information and give us a call. Or you can visit us at
www.sunshine1.com**

Sincerely

Sunshine Communication Services Inc.



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BILLING AND CONTACT INFORMATION

Company Name:	
Address:	
City:	
State:	
Zip Code:	
Telephone Number:	
Fax Number:	
Email:	
Primary Contact:	
Contact Phone:	
Contact Email:	
Office Hours	
Years In Business	
# of Employees	
Go Green Email Address	



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Answering Service Rates and Charges

Schedule A

Recurring Charges

Please select the best rate plan for your needs by placing a check mark or use the Space Bar To Select.

Check One	Plan	Base Rate	Work Time Minutes Included	Excess Work Time Charge	Total Due To Initiate Service
<input type="checkbox"/> Check Here	Silver	\$39.95	40	\$.79	\$39.95
<input type="checkbox"/> Check Here	Gold	\$60.00	70	\$.77	\$60.00
<input type="checkbox"/> Check Here	Platinum	\$160.00	200	\$.74	\$160.00
<input type="checkbox"/> Check Here	Diamond	\$240.00	325	\$.70	\$240.00

All rates are based on a 28 day billing cycle

OUR MOST POPULAR PLAN IS THE PLATINUM PLAN

Non-Recurring Charges

Set up Fees	Free
Deposits	Non Required
Emailing of Messages	No Charge
Texting of Messages	No Charge
Patching	Call for Quote
Secure Messaging App	Call for Quote



CUSTOM GENERAL CALL HANDLING INSTRUCTIONS

How would you like your phone answered? (i.e. "Thank you for calling the law office of John Smith")

Answer Phrase: " _____ "

Default Information on all messages will include: Time and Date of Call, Callers First and Last Name, Telephone Number With The Area Code, and a Brief Message

Check The Box to choose additional information you would like our agents to ask your callers for.

- Email Address**
 - Is This An Emergency?**
 - Best Time To Be Called Back**
 - Person They Are Calling For (Provide Contact List on Next Page)**
 - Cell Phone Number**
 - Address**
 - Fax Number**
 - Company Name**
 - Hospital Name**
 - Other**
-

What method would you prefer when being contacted with messages? (Check one or more by placing a check mark)

- Phone**
- Fax**
- Email**
- Text Message**
- Alpha or Digital Beeper**
- Direct Transfer or Patch (Note: Additional fees may apply)**
- Secure Messaging App (Note: Additional fees may apply)**

On Call Schedules:

Do you have or use an on call schedule for your office?

- YES** **No**

If yes, please provide a copy of the first on call schedule or attach a copy. The preferred format for on call schedules is Excel. Sunshine will be happy to assist with formatting an on call Excel On Call form for you.



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Contact List For Messages

Contact Info	Contact 1	Contact 2	Contact 3	Contact4
Name				
Cell Phone & Carrier				
Home Phone				
Email Address				
Pager Number				

For additional CONTACTS please provide a list. Preferable in an Excel sheet.

Please use this space to provide a brief description of your companies business and the call types you expect to get.



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Payment Authorization

Date: _____

I, _____ AUTHORIZE Sunshine Communication Services to charge my credit card for VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER(Circle one) \$ _____ (Enter amount from total due above). This may be for initiating services with Sunshine Communication Services of for an amount due on an established account. I also agree that these charges are UNDISPUTABLE and I will not have my credit card company reverse any of these charges.

Name on Card: _____
Card Number: _____
Expiration Date: _____ CVV _____
CC Billing Address: _____
City/State/Zip: _____

Signature: _____

Pay By Check

Bank Name _____ Routing Number _____
Account Number _____ Federal Tax Id(Companies) _____
Social Security(Individuals) _____
Billing Address _____
City\State\Zip _____

I would like to use the above information with Sunshine Communication Services to automatically pay my recurring billing invoices.

Auto Pay: YES NO



Telephone Answering Services Subscriber Service Agreement

This AGREEMENT made this _____ day of _____, Year ____ by and between Sunshine Communication Services Inc. ("Sunshine"), a Florida Corporation, located at 159 Madeira Avenue, Coral Gables, Florida 33134 and _____ ("Client") located at _____.

Client authorizes Sunshine to initiate those services set forth on the schedule attached hereto and to bill Client for those services based on the schedule of rates attached hereto.

Establishment and continuation of services is contingent upon the return of this signed agreement to Sunshine, the payment of initial charges and the payment of all charges that appear on Client's statement each billing period according to the terms contained on the monthly statements.

All billings by Sunshine to Client shall be due upon receipt. Sunshine has the right to immediately discontinue or interrupt service if, in the sole option of Sunshine, any outstanding charges are deemed to be in arrears and for any bona fide reason, which may be hindering service. Service interrupted for non-payment is subject to a possible reconnect charge and additional deposit. Disputed charges must be brought to the attention of Sunshine in writing within 15 days of the statement date. If no written dispute is received by Sunshine within said 15 day period, the billing shall be conclusively deemed correct and due and payable without offset.

Client agrees to provide Sunshine with such details as Sunshine may reasonably require to perform its duties hereunder. It is the Client's responsibility to inform Sunshine of any pertinent changes in Client's information. Client has no proprietary rights to any assigned telephone number or of the property or technology of Sunshine. Sunshine reserves the right to change systems, procedures or telephone numbers whenever, in its sole discretion, it considers it necessary in conduct of its business.

This Agreement shall become effective upon the date first written above and shall remain in force and effect for 30(thirty) days. This agreement will automatically renew for a additional similar term unless 30 days written notice is received from Client prior to the end of each term. The deposit shall be applied at the discontinuance of service to any outstanding charges. Sunshine shall have the sole right to terminate this agreement effective immediately for cause and/or upon 10 day written notice without cause. In the event Client provides Sunshine with a credit card or debit card for the payment of any and all sums of money due hereunder. Client authorizes Sunshine to charge the said credit card or debit card such account for any and all charges that become due and owing Sunshine under this agreement without further notice to client or additional authorization from Client.

Sunshine makes no warranty or representation, expressed or implied, that the services will be free from error. Client is aware that Sunshine may not capture all calls made to it and that from time to time, Sunshine's computer system or other equipment may malfunction.

Due to the difficulties in the transmission of oral communications by telephone, Sunshine cannot and does not assume any responsibility, beyond the return of one billing period's basic service charge, for any damages consequential or otherwise, resulting from a failure by Sunshine to perform any and all services under this agreement. Accordingly, you and your insurer should be aware that his express disclaimer of liability is an integral part of the contractual relationship between you and Sunshine. It is understood and agreed that you will protect, defend, indemnify, and hold Sunshine harmless from any claim or liability that may be asserted by anyone else, including you and your insured, in the event of loss, injury, or damage to property or persons including third parties or entities, and persons or entities sought to be protected by this service or an alarm system connected therewith even if such loss, injury or damage results or is claimed to have resulted from Sunshine's negligence, misconduct or omission.

Client further agrees to abide by the terms and conditions that are printed on the reverse side of the invoices.

Client may request that Sunshine implement additions, substitutions, or deletions to existing telephone services.

Sunshine, in its sole discretion will determine upon of such request whether or not to accept such request and will promptly notify Client if it intends to proceed with the implementation and at what cost (including any one-time charges) will be incurred by Client. Client shall pay the cost of such implementation with the first billing following completion of such modification.

Client agrees that the service shall not be used for any illegal purposes. Sunshine shall cooperate with all law enforcement agencies in disclosing whatever information they require in the performance of their legal duties. In the event of any collection proceedings, Client agrees to pay reasonable attorney's fees and court costs at all levels of proceedings. In the event of a dispute between the parties arising out of or related to this Agreement, legal actions shall and must be instituted in Miami Dade County, Florida. Client agrees to submit to the personal jurisdiction of such courts. The laws of the State of Florida shall govern the interpretation and enforcement of this Agreement.

All notices shall be sent to Sunshine via email at Sales@sunshine1.com or by fax to 305-460-3500.

Accepted by CLIENT _____ **Date:** _____

Accepted by SUNSHINE _____ Date: _____