

OWL TELEPHONE EXCHANGE
71224 COVE VIEW ROAD
TWENTYNINE PALMS, CA. 92277
(760) 362-1222

QUOTE REQUEST/SERVICE AGREEMENT

ACCT NAME: _____

BILLING ADDRESS: _____

CITY: _____, STATE: _____

ZIP: _____ PHONE: () _____

OWNER: _____ PHONE: () _____

ALT. CONTACT: _____ PHONE: () _____

OFFICE HOURS: _____ AM TO _____ PM

PEOPLE AUTHORIZED TO RECEIVE YOUR MESSAGES:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

On Call Lists: People's names and phone numbers including any cell
phone numbers needed for contact need to be supplied
to this office. Send additional on back or separate sheet.

This is your authorization to take messages for the undersigned from this
date until terminated by the undersigned upon 30 days written notice.
Because incoming and outgoing messages are oral, the exchange shall
not be liable to the subscriber or his callers for any error of commission
or omission.

OWNERS SIGNATURE: _____ DATE: _____

*PLEASE COMPLETE, SIGN, DATE, AND EMAIL TO: connietheowl@yahoo.com
OR FAX TO: 760-362-1222

PLEASE DO NOT WRITE BELOW THIS LINE

TYPE OF SVC: CF __ AH __ KS __ DISP __ 24 HRS __

DATE STARTED: _____ ACCT#: _____

MONTHLY FLAT RATE: _____
