

Services designed to enhance your business!

When customers sign up for ACN's services, a child gets fed. And when customers of select services pay their ACN bills each month, another child gets fed.



depends on service provider

Are you a business owner? Yes No

How many employees do you have?
 Less than 3
 3-50
 More than 50

How many locations?
 One
 2-4
 5 or more

PHONE SERVICES

Number of business phone lines? _____

Does your business have a fax line? Yes No

Does your business use Internet services? Yes No

Who is your provider? _____

Which of the following phone features are important to you?

- A service that allows me/employees to work remotely
- Traditional features, including Call Transfer
- Voice Mail Notification by Email
- State-of-the-art equipment
- Use of existing equipment

Current phone service provider _____

My monthly phone bill is approximately \$_____

Months left on current contract _____

Primary phone number _____

ENERGY

Current energy provider? _____

Type of service? Electricity Natural Gas Both

My monthly bill is approximately \$_____

Does your business use less than 185,000 therms per year? Yes No

Does your business use less than 3,000,000 kWh per year? Yes No

I am interested in the following:
 Natural Gas Electricity

SATELLITE TV

How many stories does your building have? ____

Is your building a multi-dwelling unit? Yes No

What type of business establishment do you own? (i.e. restaurant, bank, medical office etc.) _____

Do you want extensive sports programming or international programming? _____

Current TV provider _____

My monthly bill is approximately \$_____

Months left on current contract _____

Number of receivers _____

BUSINESS SECURITY & AUTOMATION

Current Security Provider _____

My monthly bill is approximately \$_____

TECHNICAL SUPPORT SERVICES

Do you have an IT person on staff? Yes No

When you do need support, are you able to get immediate service? Yes No

Do you perform a regular backup of all your information?
 Yes No

My monthly bill is approximately \$_____

MERCHANT SERVICES

Do you accept credit cards?
 Yes No I plan to

Average ticket size \$ _____

I process over \$3,000 per month Yes No

Total Monthly Amount \$_____ **Total Yearly Amount \$**_____

NOTES:

Name _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____