Pager Service Setup Form

This form should be sent directly to the paging provider.

American Messaging
Fax: (866) 804-9383
Email: linda.tebbin@americanmessaging.net
Questions: Linda Tebbin (601) 212-9253

Spok Paging
Fax: (866) 432-4410
Email: customer.care@spok.com
Questions: (800) 763-6255

Select:
[ ] New Pager Service New Invoice Account (Y/N): _______ Existing Invoice Account # should be billed to: ________
[ ] Equipment Upgrade
[ ] Pager Number Change
[ ] Other: __________________________________________

Department Information:
Department: __________________________ Section: _______________________
Department Contact: __________________ Telephone Number: ______________ E-mail: __________________________
Pager will be Assigned to (Name): __________________ Telephone Number: ________________________
Department Authorization Signature: ________________________________________________

PAGER SERVICE: (Select Choice)
Pager Provider: American Messaging: _________ Spok Paging: ____________
Equipment Purchase: Rental (renting paging devices recommended): ____________ Purchase: ___________

For more information on pager equipment, special features or rates, please contact the paging company.

MONTHLY PAGER SERVICE:
Monthly Charges will be applied to existing standing MCW PO Number: _______________
New Standing MCW Purchase Order Number: __________________

Equipment:
Equipment Pager purchase (not recommended) MCW Purchase Order Number: _________________
Make & Model: __________________________ Price: __________________

Shipping/Delivery:
Department: __________________________________________
Building should be delivered: __________________ Room Number: ____________
Shipping Attention: __________________________________
Shipping Address: ______________________________________
_____________________________________________________________________
If equipment is in stock ships in 24-48 hours

Last updated October 29, 2014