



ACN is committed to fighting hunger, and in honor of our customers, we'll make a donation to help feed children in need.



INITIAL QUESTIONS

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 have a Toll-Free number? Yes No

Which of the following phone features are important to you?

- Traditional features, including Call Transfer, Call Display, 3 Way Calling
- Voice Mail
- Long Distance Calls

Current phone service provider _____

My monthly phone bill is approximately \$ _____

Months left on current contract _____

Primary phone number _____

INTERNET

What is your speed? _____

What is the download limit? _____

What is the upload limit? _____

Are you happy with your business Internet service?

- Yes No Not applicable

Current Internet service provider _____

My internet bill is approximately \$ _____

Months left on current contract _____

Primary phone number or account number _____

SECURITY SYSTEMS

Do you have a security system? Yes No

Do you want a security system? Yes No

Current provider _____

Months left on current contract _____

Is the square footage of your business less than 5,500?

- Yes No

My monthly bill is approximately \$ _____

ENERGY

Current energy provider? _____

Type of service? Electricity Natural Gas Both

Months left on current contract _____

My monthly bill is approximately \$ _____

Does your business spend less than \$25,000 per year on energy services? Yes No

I am interested in the following:

- Natural Gas Electricity

PAYMENT PROCESSING

Do you accept credit cards?

- Yes No I plan to

Do you have a copy of your merchant statement? Yes No

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

Average monthly credit card volume \$ _____

Average ticket size \$ _____

Total Monthly Amount \$ _____

Total Yearly Amount \$ _____

NOTES:

Name _____

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone Number _____