

AVF Consulting Emergency After-Hours Enrollment Form

Please complete the information below to enroll your organization in AVF's Emergency After-Hours Services. You will not be billed unless you use the service.

Customer Information	
Company Name: _____	
Title: _____	
Address: _____	
Authorizing Contact: _____	
Direct Phone: _____	
Cell Phone: _____	
Email: _____	
Authorization	
I authorize AVF Consulting to charge my organization the Emergency After Hours billing rates when I or any of the team members listed below use the Emergency After Hours service.	
_____	_____
Signature	Date
_____	_____
Print Name	Title
Authorized Contacts	
Please list the contact information for those individuals who are authorized to use the Emergency After-Hours services. AVF will bill a minimum of one hour at the Emergency After-Hours billing rates when an authorized contact calls the AVF After-Hours Hotline and AVF responds.	
Contact Name: _____	
Title: _____	
Address: _____	
Direct Phone: _____	
Cell Phone: _____	
Email: _____	
Contact Name: _____	
Title: _____	
Address: _____	
Direct Phone: _____	
Cell Phone: _____	
Email: _____	
Contact Name: _____	
Title: _____	
Address: _____	
Direct Phone: _____	
Cell Phone: _____	
Email: _____	

Send this form to Service Dept. via fax at 410-296-5330 or mail: 1220-C East Joppa Road, Suite 514, Towson, MD 21286.



1220-C East Joppa Road, Suite 514, Towson, Maryland 21286
Phone: (410) 296-5100 Fax: (410) 296-5330 Website: www.avfconsulting.com

