



## Automated Calling Enrollment Form (PCS)

### Client/Partner Information

Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Client Information (Per Database)

Client/Site Name \_\_\_\_\_

Provider Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

E-mail \_\_\_\_\_

Effective Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please FAX to Pertexa (760) 780-1650 or email to [support@pertexa.com](mailto:support@pertexa.com)