LIONBRIDGE

OVER-THE-PHONE INTERPRETATION

ACCOUNT ORDER FORM

INDIANA STATE CONTRACT #98719
EMAIL TO: JOHN.DRUGAN@LIONBRIDGE.COM

Agency:

Contact Name:

Contact Email Address:

Contact Telephone Number:

Billing Contact Name:

Billing Contact Email:

Billing Contact Phone Number:

Days/Hours of Operation (Please note, Lionbridge's services are available 24/7/365):

Subject Matter of Calls / Expectations of interpreter (interpreter role):

Preferred Start Date:

Glossaries, Scripts, FAQ's, Reference Material: Yes ☐ No ☐
(If Yes, please share with Lionbridge contact)

Language Mix and Volume:
(If past usage reports are available, please share with Lionbridge contact)

PIN Structure

- [ ] Option 1: 1 PIN for entire company
- [ ] Option 2: 1 PIN for each department (Include names of departments)
- [ ] Option 3: 1 PIN for each agent

Metadata Capture (Captures any numeric entry after PIN entry prompt in IVR)

Yes [ ] No [ ]

- [ ] Option 1: Please enter your employee ID number
- [ ] Option 2: Please enter your account number
- [ ] Option 3: Custom prompt

Any Additional Customized Call Flow Requirements *(If any):*