



ARCO SECURITY CENTRAL STATION, CORP.

Monitoring Burglar And Fire Alarm Systems

CUSTOMER INFORMATION				DATE:																							
NAME:																											
COMPANY NAME (If Applicable):				PRIMARY CODE:																							
ADDRESS:				PERMIT#:																							
CITY:		STATE:	ZIP:		IMPORTANT																						
PRIMARY PHONE:		SECONDARY:		Installer Account:																							
EMAIL:		FAX:		Installer Name:																							
Basic Monitoring <input type="checkbox"/> Long Distance <input type="checkbox"/> AutoNotification* <input type="checkbox"/> PANEL: FORMAT: <small>* AutoNotification Monitoring Requires CID Format and signed waiver (see below)</small>	Basic Video <input type="checkbox"/> Supervised Video <input type="checkbox"/> Elevator System* <input type="checkbox"/> Business <input type="checkbox"/> Residence <input type="checkbox"/> <small>*Elevator System must be programmed to (305) 227-2077</small>	Open/Close <input type="checkbox"/> Log Only <input type="checkbox"/> Call Premise <input type="checkbox"/> Supervised <input type="checkbox"/> With Notification: Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>	Monthly Reports Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>		Timer Test <input type="checkbox"/> Supervised TT <input type="checkbox"/> Interval:																						
				<i>Official use ONLY</i>																							
				Central _____ Billing Code _____ Accounting _____ System Type _____ Final																							
CONTACT LIST				ZONE DESCRIPTIONS																							
Name	Phone		Type	1.																							
1				2.																							
2				3.																							
3				4.																							
4				5.																							
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<u>AutoNotification Monitoring Information and Waiver</u> <input type="checkbox"/> By Selecting this option the Subscriber and the Installer both agree and understand that AutoNotification Monitoring is designed to ONLY notify the subscriber of signals received. No operator action will be taken, no other notification will occur, and authorities will NOT be dispatched. The Subscriber is responsible for notifying the Central Station if authorities need to be dispatched. Notifications will be transmitted to the Subscriber's email or mobile phone SMS. The Subscriber's preferred method of signal communication is as follows: <input type="checkbox"/> Email: <input type="checkbox"/> Mobile: Mobile Carrier Name Agree (enter YES)	<u>OPEN/CLOSE SCHEDULE</u> <i>(If Applicable)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">DAYS</th> <th style="width: 35%;">OPEN</th> <th style="width: 35%;">CLOSE</th> </tr> </thead> <tbody> <tr><td>MONDAY</td><td></td><td></td></tr> <tr><td>TUESDAY</td><td></td><td></td></tr> <tr><td>WEDNESDAY</td><td></td><td></td></tr> <tr><td>THURSDAY</td><td></td><td></td></tr> <tr><td>FRIDAY</td><td></td><td></td></tr> <tr><td>SATURDAY</td><td></td><td></td></tr> <tr><td>SUNDAY</td><td></td><td></td></tr> </tbody> </table> NOTE:		DAYS	OPEN	CLOSE	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			SUNDAY			<u>PASSWORD LIST</u> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
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SUNDAY																											
Central station monitoring provided by Arco Security Central Station, Corp. This agreement is made by and between Arco Security Central Station Corp, The Installer, and the Subscriber.																											
Subscriber Name			COMMENTS:																								
Subscriber Agree (enter YES)																											