



ARCO SECURITY CENTRAL STATION, CORP.

Monitoring Burglar And Fire Alarm Systems

Type of Request

New Subscriber Change Information Cancellation

CUSTOMER INFORMATION			DATE: _____	
NAME: _____			PRIMARY CODE: _____	
COMPANY NAME (If Applicable): _____			PERMIT#: _____	
ADDRESS: _____			<i>Official use ONLY</i>	
CITY: _____	STATE: _____	ZIP: _____	Account No: _____	
PRIMARY PHONE: () _____		SECONDARY: () _____	Monitoring Fee: \$ _____	
EMAIL: _____		FAX: _____	Contract Term: _____	

Basic Monitoring <input type="checkbox"/> Long Distance <input type="checkbox"/> AutoNotification* <input type="checkbox"/>	Basic Video <input type="checkbox"/> Supervised Video <input type="checkbox"/> Elevator System* <input type="checkbox"/>	Open/Close <input type="checkbox"/> Log Only <input type="checkbox"/> Call Premise <input type="checkbox"/> Supervised <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: _____
PANEL: _____	Business <input type="checkbox"/> Residence <input type="checkbox"/>	With Notification: Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>	Radio AlarmNet <input type="checkbox"/> DSC <input type="checkbox"/> TeleGuard <input type="checkbox"/>	<i>Official use ONLY</i>
FORMAT: _____	*Elevator System must be programmed to (305) 227-2077			Central _____ Billing Code _____ Accounting _____ System Type _____ Final _____

* AutoNotification Monitoring Requires CID Format and signed waiver (see below)

CONTACT LIST			ZONE DESCRIPTIONS
Name	Phone	Notes	
1. _____	_____	_____	1. _____
2. _____	_____	_____	2. _____
3. _____	_____	_____	3. _____
4. _____	_____	_____	4. _____
5. _____	_____	_____	5. _____
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			17. _____
			18. _____

<p><u>AutoNotification Monitoring Information and Waiver</u></p> <p><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:</p> <p><input type="checkbox"/> Email: _____</p> <p><input type="checkbox"/> Mobile: _____</p> <p>_____ Mobile Carrier</p>	<p style="text-align: center;">OPEN/CLOSE SCHEDULE (If Applicable)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">DAYS</th> <th style="width: 30%;">OPEN</th> <th style="width: 30%;">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> <p>NOTE: _____</p>	DAYS	OPEN	CLOSE	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			SUNDAY			<p style="text-align: center;">PASSWORD LIST</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>
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Subject to the terms and conditions herein and made part hereof contained on the reverse side. Central station monitoring provided by Arco Security Central Station, Corp.

This agreement is made this _____ day of _____, _____ by and between Arco Security Central Station Corp, hereinafter referred to as the Contractor and _____, herein after referred to as the Subscriber.

Subscriber Name _____	Central Station Representative _____
Subscriber Signature _____	Signature _____