SECURITY CENTRAL

ALARM MONITORING SERVICE AGREEMENT
NEW ACCOUNT INFORMATION ONLY

316 SECURITY DRIVE
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STATESVILLE, NC 28687

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www.security-central.com

UL LISTED FM APPROVED

RECEIVER	ACCT#	ADDITIONAL INFORMATION
PASSCODE		
TWO WAY ❑Y ❑N MODEL		
PANEL PHONE# ___-___		
PERMIT#		
❑ RESIDENTIAL ❑ COMMERCIAL ❑ FARM		

TIME ZONE: ❑E ❑C ❑M ❑P ❑H **TEST:** ❑ DAILY ❑ WEEKLY ❑ MONTHLY (no cost)

ALARM ADDRESS	DEALER ADDRESS	BILLING ADDRESS
Subscriber Name	**Dealer Name**	**Name**
Street Address	**Address**	**Address**
City **State** **Zip+4**	**City** **State** **Zip+4**	**City** **State** **Zip+4**
Telephone (with area code)	**Telephone (with area code)**	**BILL TO:** ❑Dealer ❑Subscriber
Language		**BILL FREQUENCY:** ❑M ❑Q ❑SEMI ❑YEAR
		Rate $

Event Code / Zone / Area	Description	Call Sequence: List in Order of Calls. Separate with semicolon ; **S;**=Subscriber **A;**=Authority **D;**=Dealer **CL;**=Call List **L;**=Log

DISPATCH INFORMATION

Police	Fire	Medical
Police Phone ( ) -	Fire Phone ( ) -	Medical Phone ( ) -
Other	Other	Other
Phone ( ) -	Phone ( ) -	Phone ( ) -

CALL LIST FOR ALL ALARMS

IN ORDER OF PRIORITY (Individuals to be notified in the event of an alarm condition.)

Name	Telephone (if notified by telephone)	Email (if notified by email)	Language
	( ) -		
	( ) -		
	( ) -		
	( ) -		
	( ) -		
	( ) -		

PLEASE NOTE THAT ANY CHANGES OR CORRECTIONS MUST BE MADE IN WRITING.
SUBJECT TO TERMS AND CONDITIONS OF THIS AGREEMENT INCLUDING THOSE ON THE REVERSE SIDE.

BY:_____ DATE_____ BY: _____ DATE_____

SUBSCRIBER SIGNATURE **DEALER REPRESENTATIVE**

Unauthorized codes/zones are dispatched as a burglar alarm. False alarm fines are the responsibility of the subscriber.
Runaway panels due to equipment failure or human negligence will be allowed 4 activations within 24 hours. Additional charges may apply.

FOR SECURITY CENTRAL USE ONLY:

MONITORING INFORMATION APPROVED BY: _____ **DATE**_____ **TIME**_____ **PROOFED BY:**_____ **DATE**_____

MONITORING INFORMATION ENTERED BY: _____ **DATE**_____ **TIME**_____