

CUSTOMER INFORMATION FORM New Change Cancel Reinstate

Alarm Company Name:		Page 1 of _____	
Installer's Name:		Installer's Code/Dealer Number:	
Account Name:		Account Number:	
Premises Address:		Premise Phone Number:	
City:		State:	Zip:
Activity Report To Customer: Please indicate delivery choice and complete appropriate selection. (Additional charges may apply.) Emailed <input type="checkbox"/> Mailed <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Open/Close <input type="checkbox"/> All Activity: <input type="checkbox"/>		MAS Web: User Name: _____ Password: _____ (Customers are set up for restricted web access)	
Email Address: _____ Mailing Address: _____ _____		Format: Contact ID <input type="checkbox"/> 4/2 <input type="checkbox"/> SIA <input type="checkbox"/> III <input type="checkbox"/> Radionics BFSK <input type="checkbox"/> Modem II <input type="checkbox"/> Other <input type="checkbox"/> Two-Way <input type="checkbox"/> Equipment Type: _____ Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Account Cancellation/Reinstate: (Must include date and requested by for account to be canceled or reinstated.) Cancel Acct. <input type="checkbox"/> Date: _____ Reinstate Acct. <input type="checkbox"/> Date: _____ Requested By: _____	
Special Instructions/Comments:		Timer Test: <input type="checkbox"/> None <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Additional charges may apply.)	
Open/Close Signals: (If supervised is selected, please attach additional paper with schedule.) (Additional charges may apply.) Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/>		TimeZone: Pacific <input type="checkbox"/> Mountain <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Arizona <input type="checkbox"/>	
C A L L I S T	Phone	Permit#	Name
	Police		1.
	Fire		2.
	Medical		3.
			4.
			5.
			6.
		7.	
General Pass Code:			
Per NFPA code 72, all commercial fire accounts must be entered as no verify unless written authorization is received from the fire marshal of the authority having jurisdiction. Backups must be provided for commercial fire accounts.			
Zone#	Zone Description	Zone#	Zone Description

(Must be signed and returned to Avanteguard Monitoring. Fax 1-800-417-1216) (If additional space is needed for zoning, please attach an additional sheet of paper.)

 Customer (printed)
 X

 Customer Signature

 Authorized Alarm Company Representative (printed)
 X

 Authorized Alarm Company Representative Signature