

**Requisition  
W.I.C. PROGRAM**

Req # 00168229  
PO #  
Date: 01/07/10

Bill To: X  
X

**Vendor:** 133655  
SUPERIOR ALARMS  
P. O. DRAWER 3097  
MCALLEN TX 78502  
FAX (956)971-6395

**Ship To:** W.I.C. PROGRAM  
3105 W. UNIVERSITY DR  
EDINBURG TX 78539

**Contact:**

**Contract No:**  
**Special Instructions:**

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
9.00	EACH	OPEN P.O. FOR BURGLARY MONITORING FOR WIC CLINIC  SECURITY FOR ALAMO WIC 1215, 313 E. BUSINESS 83, MCALLEN WIC 1230, 3001 N. 23RD, AGREEMENT FOR 3 YRS. LAS MILPAS 1211, 7013 S. CAGE, MCALLEN 1218, 220 S, BICENTENNIAL, FOR CLINICS @ 10.00 X 6 CLINICS = 60.00 JAN THRU SEPT. 2010	60.00	540.00
9.00	EACH	SECURITY FOR MCALLEN #1, 300 E. HACKBERRY, EDINBURG, 1219, 113 DAWSON, CO. 3105 W. UNIVERSITY, ALTON WIC 1214, 3513 E. MAIN, 15.00/MONTHLY X 4 CLINICS = 60.00 JAN. THRU SEPT. 2010	60.00	540.00
1.00		Account No 0-1292-441-00-350-001-0-413	Encumbrance 1,080.00	.00 1,080.00
			Freight	.00
			Total	1,080.00

**Authorized By:** \_\_\_\_\_

# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 553961 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Puka

SUBSCRIBER Adaloo Co. Wic #1218 COMPANY Superior Alarms  
 NAME 3105 W. University ADDRESS 1000 Ash Avenue, McAllen, TX 78501  
 SUITE/APT. NO. 33339 CITY Edinburg, TX STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TEL. NO. 858-972-0554 ( ) \_\_\_\_\_ S. S. NO. \_\_\_\_\_  
 FAX NO. ( ) \_\_\_\_\_ TEL.# \_\_\_\_\_  
 FEB 22 2010

LOCATION OF ALARM DEVICES \_\_\_\_\_ City McAllen State TX Zip \_\_\_\_\_  
 Physical Address 220 S. Bicentennial #0  
 Directions to Subscriber's Location: \_\_\_\_\_

- Fire  Hold-up  Burglar  Panic  Low Batt  Medical  Close  Open  Other \_\_\_\_\_
- Business  Warehouse  Office  Store  Factory  Other \_\_\_\_\_
- TYPE OF INSTALLATION \_\_\_\_\_

CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS		VERIFY		ADDITIONAL
			YES	NO	YES	NO	

LOCAL AUTHORITIES TO BE NOTIFIED

CODE \_\_\_\_\_ AUTHORITY \_\_\_\_\_ NAME McAllen P.D. TELEPHONE NUMBER \_\_\_\_\_  
 \_\_\_\_\_ Local Police Department ( ) \_\_\_\_\_  
 \_\_\_\_\_ Local Fire Department ( ) \_\_\_\_\_  
 \_\_\_\_\_ Other ( ) \_\_\_\_\_  
 \_\_\_\_\_ Other ( ) \_\_\_\_\_

AUTHORIZED INDIVIDUALS TO BE NOTIFIED

IN ORDER OF PRIORITY (individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)	CODE WORD
1	( )	( )	( )
2	( )	( )	( )
3	( )	( )	( )
4	( )	( )	( )
5	( )	( )	( )

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

FOR OPEN / CLOSE MONITORING ONLY

Check for appropriate open/close:  Log only (no action)  Supervised (action outside specified timed) Action to be taken \_\_\_\_\_

Supervised schedule below: use your local time.

Activity Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Monthly
-----------------	------------------------------	-----------------------------	----------------------------------

SUN MON TUES WED THURS FRI SAT

Early Open Allowance \_\_\_\_\_  
 Late Open Allowance \_\_\_\_\_  
 Late Close Allowance \_\_\_\_\_  
 Mailed to: \_\_\_\_\_

INITIAL TERM: 1yr ~~3 Years~~ Annual Fee \$ 120.00 + tax \_\_\_\_\_

12 No. of payments equal payments of \$ 10.00, each payable Monthly on the 1st day of Jan-Feb-March, beginning Jan 1, and continuing regularly and Monthly thereafter.

ACCEPTED:

By \_\_\_\_\_ Title \_\_\_\_\_  
 Date \_\_\_\_\_  
 For Office Use Only  
 Checked by \_\_\_\_\_  
 DATE \_\_\_\_\_

WHITE - SUPERIOR ALARMS - CUSTOMER COPY  
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY REV. A

Monitoring Information Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 Monitoring Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filled in Customer File By \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Date \_\_\_\_\_

# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 446414 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Phu

SUBSCRIBER  
 NAME Hidalgo Co. Bic Clinic  
 ADDRESS 3105 W. University AUSTIN, TX 78737  
 CITY Edinburg TX STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TEL. NO. ( ) \_\_\_\_\_ S. S. NO. \_\_\_\_\_  
 FAX NO. ( ) \_\_\_\_\_  
 TOL.# \_\_\_\_\_

COMPANY  
**Superior Alarms**  
 600 Ash Avenue, McAllen, TX 78501  
 Ph. (956) 682-6005  
 FAX (956) 630-2434

LOCATION OF ALARM DEVICES \_\_\_\_\_ City Alamo State TX Zip \_\_\_\_\_  
 Physical Address 313 E. Bus. 83  
 Directions to Subscriber's Location: \_\_\_\_\_

CONDITIONS MONITORED \_\_\_\_\_  
 Fire  Hold-up  Burglar  Panic  Low Batt  Medical  Close  Open  Other \_\_\_\_\_  
 TYPE OF INSTALLATION \_\_\_\_\_  
 Business  Warehouse  Office  Store  Factory  Other \_\_\_\_\_

CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS		VERIFY		AUDIBLE	
			YES	NO	YES	NO	YES	NO

LOCAL AUTHORITIES TO BE NOTIFIED \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 AUTHORITY NAME Alamo P.D.  
 Local Police Department ( )  
 Local Fire Department ( )  
 Other ( )  
 Other ( )

AUTHORIZED INDIVIDUALS TO BE NOTIFIED \_\_\_\_\_  
 IN ORDER OF PRIORITY (individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

	NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)	CODE WORD
1	( )	( )	( )	( )
2	( )	( )	( )	( )
3	( )	( )	( )	( )
4	( )	( )	( )	( )
5	( )	( )	( )	( )

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

FOR OPEN / CLOSE MONITORING ONLY \_\_\_\_\_  
 Check for appropriate open/close: \_\_\_\_\_  
 Log only (no action)  Supervised (action outside specified timed) Action to be taken \_\_\_\_\_  
 Supervised schedule below: use your local time.  

OPEN	SUN	MON.	TUES.	WED.	THURS.	FRI.	SAT.	Early Open Allowance _____
CLOSE								Late Open Allowance _____
Activity Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Monthly	Mailed to: _____				Late Close Allowance _____

FEEES • TERMS • PAYMENTS \_\_\_\_\_  
 INITIAL TERM: 1 Year(s) Annual Fee \$ 120.00 + tax  
12 No. of payments equal payments of \$ 10.00, each payable monthly on the 1 day of Jan, Feb, March, beginning Jan 1, 10, and continuing regularly and monthly thereafter.  
 Subject to Terms and Conditions of this Agreement (including those on the reverse side), the Subscriber agrees to subscribe for monitoring by Company.  
**SUBSCRIBER MUST SIGN IN THREE PLACES**  
 ACCEPTED: \_\_\_\_\_  
 By \_\_\_\_\_ Title \_\_\_\_\_  
 For Office Use Only  
 SIGNATURE OF SUBSCRIBER \_\_\_\_\_ DATE \_\_\_\_\_ Checked by \_\_\_\_\_

WHITE - SUPERIOR ALARMS  
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY  
 REV. A

Monitoring Information Approved By \_\_\_\_\_ Date \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filed in Customer File By \_\_\_\_\_ Date \_\_\_\_\_



# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 443941 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Pack

**SUBSCRIBER**  
 NAME Adelphi Co. Wk Program  
 ADDRESS 3105 W. University  
 CITY Edinburg TX STATE TX ZIP CODE 78539  
 TEL. NO. ( 936 ) 488-4589 ( ) \_\_\_\_\_  
 FAX NO. ( ) \_\_\_\_\_ S.S. NO. \_\_\_\_\_  
 TOL.# \_\_\_\_\_

**COMPANY**  
**Superior Alarms**  
 600 Ash Avenue, McAllen, TX 78501  
 Ph. (956) 682-6005  
 FAX (956) 630-2434

LOCATION OF ALARM DEVICES \_\_\_\_\_  
 City McAllen State TX Zip \_\_\_\_\_  
 Physical Address 300 E. Hackberry  
 Directions to Subscriber's Location: \_\_\_\_\_

**CONDITIONS MONITORED**  
 Fire  Hold-up  Burglar  Panic  Low Batt  Medical  Close  Open  Other \_\_\_\_\_  
**TYPE OF INSTALLATION**  
 Business  Warehouse  Office  Store  Factory  Other \_\_\_\_\_

**CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)**

ALARM CODE	ALARM ZONE	CONDITION	VERIFY		ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS		VERIFY		AUDIBLE	
			YES	NO				YES	NO	YES	NO	YES	NO

**LOCAL AUTHORITIES TO BE NOTIFIED**

CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department	<u>McAllen P.D.</u>	( ) _____
	Local Fire Department	_____	( ) _____
	Other	_____	( ) _____
	Other	_____	( ) _____

**AUTHORIZED INDIVIDUALS TO BE NOTIFIED**

IN ORDER OF PRIORITY (individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

	NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)	CODE WORD
1	_____	( ) _____	( ) _____	_____
2	_____	( ) _____	( ) _____	_____
3	_____	( ) _____	( ) _____	_____
4	_____	( ) _____	( ) _____	_____
5	_____	( ) _____	( ) _____	_____

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

**FOR OPEN / CLOSE MONITORING ONLY**

Check for appropriate open/close:  
 Log only (no action)  Supervised (action outside specified timed) Action to be taken \_\_\_\_\_  
 Supervised schedule below: use your local time.

	SUN	MON	TUES	WED	THURS	FRI	SAT
OPEN							
CLOSE							

Activity Report  Yes  No  Monthly

Early Open Allowance \_\_\_\_\_  
 Late Open Allowance \_\_\_\_\_  
 Late Close Allowance \_\_\_\_\_  
 Mailed to: \_\_\_\_\_

**FEEES • TERMS • PAYMENTS**  
 INITIAL TERM: 12 Year(s) Annual Fee \$ 180.00 + tax  
12 No. of payments equal payments of \$ 15.00, each payable monthly on the 1st day of Jan, Feb, March beginning Jan 1, 10, and continuing regularly and monthly thereafter.

Subject to Terms and Conditions of this Agreement (including those on the reverse side), the Subscriber agrees to subscribe for monitoring by Company.  
**SUBSCRIBER MUST SIGN IN THREE PLACES**

ACCEPTED:  
 By \_\_\_\_\_ Title \_\_\_\_\_  
 For Office Use Only \_\_\_\_\_ Checked by \_\_\_\_\_  
 SIGN HERE

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Monitoring Information Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 Monitoring Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filled in Customer File By \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Date \_\_\_\_\_

# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 941872 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Pulse

SUBSCRIBER  
 NAME Hidalgo Co. Wic Program  
 ADDRESS 3105 W. University  
 CITY Edinburg TX STATE TX ZIP CODE 78539  
 TEL. NO. 88-519-7160 S.S. NO. \_\_\_\_\_  
 FAX NO. ( ) \_\_\_\_\_  
 TDL# \_\_\_\_\_

COMPANY  
**Superior Alarms**  
 600 Ash Avenue, McAllen, TX 78501  
 Ph. (956) 682-6005  
 FAX (956) 630-2434

LOCATION OF ALARM DEVICES \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Directions to Subscriber's Location: 1 mile W. of Sdary Rd on 5 mile line green & beige Bldg on N. Side.

CONDITIONS MONITORED \_\_\_\_\_  
 Fire  Hold-up  Burglar  Panic  Low Batt  Medical  Close  Open  Other \_\_\_\_\_  
 TYPE OF INSTALLATION \_\_\_\_\_  
 Business  Warehouse  Office  Store  Factory  Other \_\_\_\_\_

ALARM ZONE	ALARM CODE	CONDITION	VERIFY		ALARM ZONE	ALARM CODE	CONDITION	COMMENTS / AREA INSTRUCTIONS		VERIFY		AUDIBLE	
			YES	NO				YES	NO	YES	NO	YES	NO

LOCAL AUTHORITIES TO BE NOTIFIED \_\_\_\_\_  
 CODE AUTHORITY NAME TELEPHONE NUMBER  
 \_\_\_\_\_ Local Police Department \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ Local Fire Department \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_ ( ) \_\_\_\_\_

AUTHORIZED INDIVIDUALS TO BE NOTIFIED \_\_\_\_\_  
 IN ORDER OF PRIORITY (individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)	CODE WORD
1	( )	( )	( )
2	( )	( )	( )
3	( )	( )	( )
4	( )	( )	( )
5	( )	( )	( )

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

FOR OPEN / CLOSE MONITORING ONLY \_\_\_\_\_  
 Check for appropriate open/close:  
 Log only (no action)  Supervised (action outside specified timed) Action to be taken \_\_\_\_\_  
 Supervised schedule below: use your local time.  

OPEN	SUN	MON.	TUES.	WED.	THURS.	FRI.	SAT.
CLOSE							

 Activity Report  Yes  No  Monthly  
 Mailed to: \_\_\_\_\_  
 Early Open Allowance \_\_\_\_\_  
 Late Open Allowance \_\_\_\_\_  
 Late Close Allowance \_\_\_\_\_

FEES • TERMS • PAYMENTS \_\_\_\_\_  
 INITIAL TERM: 3 Year(s) Annual Fee \$ 180.00 + tax  
12 No. of payments equal payments of \$ 15.00, each payable monthly on the 1<sup>st</sup> day of Jan Feb, March, beginning Jan 1, 10, and continuing regularly and monthly thereafter.

ACCEPTED:  
 By \_\_\_\_\_ Title \_\_\_\_\_  
 For Office Use \_\_\_\_\_ Checked by \_\_\_\_\_  
 SIGNATURE OF SUBSCRIBER \_\_\_\_\_ DATE \_\_\_\_\_

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Monitoring Information Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 Monitoring Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filed in Customer File By \_\_\_\_\_ Date \_\_\_\_\_

# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 5182 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Paul

**SUBSCRIBER**  
 NAME Hadaloo Co. Alice Connors  
 ADDRESS 3105 W. University SUITE/APT NO. 78537  
Edinburg TX 78539  
 CITY STATE ZIP CODE  
 TEL. NO. 932-381-4646 ( ) \_\_\_\_\_  
 FAX NO. ( ) \_\_\_\_\_ S. S. NO. \_\_\_\_\_  
 TDL# \_\_\_\_\_

**COMPANY**  
**Superior Alarms**  
 600 Ash Avenue, McAllen, TX 78501  
 Ph. (956) 682-6005  
 FAX (956) 630-2434

LOCATION OF ALARM DEVICES \_\_\_\_\_ City Edinburg State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address 3109 W. University  
 Directions to Subscriber's Location: \_\_\_\_\_

**CONDITIONS MONITORED**  
 Fire  Hold-up  Burglar  Panic  Low Batt  Medical  Close  Open  Other \_\_\_\_\_  
**TYPE OF INSTALLATION**  
 Business  Warehouse  Office  Store  Factory  Other \_\_\_\_\_

**CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)**

ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS		AUDIBLE		CONDITION	VERIFY		AUDIBLE
		YES	NO	YES	NO		YES	NO	

**LOCAL AUTHORITIES TO BE NOTIFIED**

CODE _____	AUTHORITY _____	NAME _____	TELEPHONE NUMBER _____
_____	Local Police Department	<u>Edinburg P.O.</u>	( ) _____
_____	Local Fire Department	_____	( ) _____
_____	Other _____	_____	( ) _____
_____	Other _____	_____	( ) _____

**AUTHORIZED INDIVIDUALS TO BE NOTIFIED**  
 IN ORDER OF PRIORITY (individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

1	2	3	4	5
NAME _____	PRIMARY PHONE # (Desc) _____	ALTERNATE PHONE # (Desc) _____	CODE WORD _____	
	( ) _____	( ) _____	( ) _____	
	( ) _____	( ) _____	( ) _____	
	( ) _____	( ) _____	( ) _____	
	( ) _____	( ) _____	( ) _____	
	( ) _____	( ) _____	( ) _____	

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

**FOR OPEN / CLOSE MONITORING ONLY**

Check for appropriate open/close:  
 Log only (no action)  Supervised (action outside specified timed) Action to be taken \_\_\_\_\_  
 Supervised schedule below: use your local time.

Activity Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Monthly
-----------------	------------------------------	-----------------------------	----------------------------------

Early Open Allowance \_\_\_\_\_  
 Late Open Allowance \_\_\_\_\_  
 Late Close Allowance \_\_\_\_\_  
 Mailed to: \_\_\_\_\_

**INITIAL TERM:** 1 Year(s) Annual Fee \$ 120.00 + tax  
12 No. of payments equal payments of \$ 10.00, each payable monthly on the 1st day of Jan. 1, 10, and continuing regularly and monthly thereafter.

Subject to Terms and Conditions of this Agreement (including those on the reverse side), the Subscriber agrees to subscribe for monitoring by Company.  
**SUBSCRIBER MUST SIGN IN THREE PLACES**

ACCEPTED: \_\_\_\_\_  
 By \_\_\_\_\_ Title \_\_\_\_\_  
 For Office Use Only: \_\_\_\_\_ Checked by \_\_\_\_\_

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 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY REV. A

Monitoring Information Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 Monitoring Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filed in Customer File By \_\_\_\_\_ Date \_\_\_\_\_







# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 558964 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Pub

SUBSCRIBER Pharm Wic Clinic #2 COMPANY Superior Alarms  
 NAME Pharm W. University ADDRESS 600 Ash Avenue, McAllen, TX 78501  
 STREET Edinburg CITY Edinburg STATE TX ZIP CODE 78539  
 TEL. NO. 956-781-4120 S. S. NO. \_\_\_\_\_ FAX (956) 630-2434  
 TOL.# \_\_\_\_\_

LOCATION OF ALARM DEVICES \_\_\_\_\_ State TX Zip \_\_\_\_\_  
 Physical Address 906 W. Sam Houston City Pharm  
 Directions to Subscriber's Location: \_\_\_\_\_

**CONDITIONS MONITORED**  
 Fire  Hold-up  Burglar  Panic  Low Batt  Medical  Close  Open  Other \_\_\_\_\_  
**TYPE OF INSTALLATION**  
 Business  Warehouse  Office  Store  Factory  Other \_\_\_\_\_

**CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)**

ALARM ZONE	ALARM CODE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS		ALARM ZONE		CONDITION		COMMENTS / AREA PREMISES INSTRUCTIONS		VERIFY AUDIBLE	
			YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

**LOCAL AUTHORITIES TO BE NOTIFIED**

CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department	<u>Pharm P.D.</u>	( ) ( ) ( ) ( )
	Local Fire Department	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )
	Other	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )
	Other	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )

**AUTHORIZED INDIVIDUALS TO BE NOTIFIED**

IN ORDER OF PRIORITY (individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)	CODE WORD
	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )
	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )
	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )
	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )
	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )	( ) ( ) ( ) ( )

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

**FOR OPEN / CLOSE MONITORING ONLY**

Check for appropriate open/close:  
 Log only (no action)  Supervised (action outside specified timed) Action to be taken \_\_\_\_\_  
 Supervised schedule below: use your local time.

Activity Report	SUN	MON.	TUES.	WED.	THURS.	FRI.	SAT.
OPEN							
CLOSE							

Early Open Allowance \_\_\_\_\_  
 Late Open Allowance \_\_\_\_\_  
 Late Close Allowance \_\_\_\_\_  
 Mailed to: \_\_\_\_\_

**FEES • TERMS • PAYMENTS**

INITIAL TERM: 1 Year(s) Annual Fee \$ 100.00 + tax  
12 No. of payments equal payments of \$ 10.00, each payable Monthly on the 1st day of Jan Feb March, beginning Jan 1, 10, and continuing regularly and Monthly thereafter.

Subject to Terms and Conditions of this Agreement (including those on the reverse side), the Subscriber agrees to subscribe for monitoring by Company.  
**SUBSCRIBER MUST SIGN IN THREE PLACES**

ACCEPTED:  
 By: \_\_\_\_\_ Title \_\_\_\_\_  
 For Office Use: \_\_\_\_\_  
 Checked by: \_\_\_\_\_

WHITE - SUPERIOR ALARMS PINK - CUSTOMER COPY  
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY

Monitoring Information Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 Monitoring Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filed in Customer File By \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Date \_\_\_\_\_



# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 553984 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Puka

**SUBSCRIBER**  
 NAME Hidalgo P. Wic  
 ADDRESS 5105 W. University SUITE/APT. NO. 78539  
Edinburg TX STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TEL. NO. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 FAX NO. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ S. S. NO. \_\_\_\_\_  
 TDL# \_\_\_\_\_

**COMPANY**  
**Superior Alarms**  
 600 Ash Avenue, McAllen, TX 78501  
 Ph. (956) 682-6005  
 FAX (956) 630-2434

Physical Address 5amp LOCATION OF ALARM DEVICES \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Directions to Subscriber's Location: \_\_\_\_\_

**CONDITIONS MONITORED**  
 Fire  Hold-up  Burglar  Panic  Low Batt  Medical  Close  Open  Other \_\_\_\_\_  
**TYPE OF INSTALLATION**  
 Warehouse  Office  Store  Factory  Other \_\_\_\_\_

**CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)**

ALARM CODE ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS		AUDIBLE		CONDITION	VERIFY		AUDIBLE	
		YES	NO	YES	NO		YES	NO	YES	NO

**LOCAL AUTHORITIES TO BE NOTIFIED**

CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department	<u>Edinburg P.D</u>	( ) _____
	Local Fire Department	_____	( ) _____
	Other	_____	( ) _____
	Other	_____	( ) _____

**AUTHORIZED INDIVIDUALS TO BE NOTIFIED**

IN ORDER OF PRIORITY (individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

	NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)	CODE WORD
1		( ) _____	( ) _____	
2		( ) _____	( ) _____	
3		( ) _____	( ) _____	
4		( ) _____	( ) _____	
5		( ) _____	( ) _____	

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

**FOR OPEN / CLOSE MONITORING ONLY**

Check for appropriate open/close:  
 Log only (no action)  Supervised (action outside specified timed) Action to be taken \_\_\_\_\_  
 Supervised schedule below: use your local time.

	SUN	MON.	TUES.	WED.	THURS.	FRI.	SAT.
OPEN							
CLOSE							

Activity Report  Yes  No  Monthly  
 Mailed to: \_\_\_\_\_  
 Early Open Allowance \_\_\_\_\_  
 Late Open Allowance \_\_\_\_\_  
 Late Close Allowance \_\_\_\_\_

**FEEES • TERMS • PAYMENTS**  
 INITIAL TERM: 12 Year(s) Annual Fee \$ 180.00 + tax  
Jan, Feb, March No. of payments equal payments of \$ 15.00, each payable Monthly on the 1 day of Monthly thereafter, beginning Jan 1, 10, and continuing regularly and Monthly thereafter.

Subject to Terms and Conditions of this Agreement (including those on the reverse side), the Subscriber agrees to subscribe for monitoring by Company.  
**SUBSCRIBER MUST SIGN IN THREE PLACES**

ACCEPTED:  
 By \_\_\_\_\_ Title \_\_\_\_\_  
 Date \_\_\_\_\_  
 For Office Use Only  
 Checked by \_\_\_\_\_  
 Date \_\_\_\_\_

WHITE - SUPERIOR ALARMS  
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY  
 REV. A

Monitoring Information Approved By \_\_\_\_\_ Date \_\_\_\_\_  
 Monitoring Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filed in Customer File By \_\_\_\_\_ Date \_\_\_\_\_

