

Key-170 388

COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 6939 COMMUNICATOR MAKE & MODEL DATE ON LINE _____ DEALER Sub

SUBSCRIBER
Hidalgo County License Sub-Station
P.O. Drawer 178 SUITE/RT NO. 78540
Edinburg TX STATE ZIP CODE
TEL. NO. 361-686-7877 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 300 E. Hackberry City McAllen State TX Zip _____
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 McAllen Police Dept. 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.)

1	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: 3 Year(s) Annual Fee \$ 180.00 + tax
6 No. of payments equal payments of \$ 90.00, each payable 5th on the 1st day of Dec - May, beginning Dec 1, 09, and continuing regularly and 5th 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 Typed by _____ 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 Filled in Customer File By _____ Date _____

Approved by: _____
 T S MOORE PRINTING 956.687.6868 12/09

