

COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 1062 COMMUNICATOR MAKE & MODEL DATE ON LINE CRYSTAR

SUBSCRIBER
 NAME Texas DRs Highway Patrol
 ADDRESS 1414 N. Bicentennial CITY McAllen STATE TX ZIP CODE 78501
 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

LOCATION OF ALARM DEVICES
 Physical Address 2812 S. International City Weslaco State TX Zip 78596
 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		VERIFY		AUDIBLE	
			INSTRUCTIONS	INSTRUCTIONS	YES	NO	YES	NO

LOCAL AUTHORITIES TO BE NOTIFIED

CODE _____	AUTHORITY _____	NAME <u>Hidalgo Co. Sheriff</u>	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.

	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: _____

FEES • TERMS • PAYMENTS

INITIAL TERM: 1 Year(s) Annual Fee \$ 120.00 + tax
Jan Feb March No. of payments equal payments of \$ 10.00, each payable Monthly on the 1 day of January 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 [Signature] Title _____
 Date _____

SIGNATURE OF SUBSCRIBER _____
 DATE _____
 For Office Use Only Typed by _____ Checked by _____

WHITE - SUPERIOR ALARMS PINK - 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 _____

COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 462894 COMMUNICATOR MAKE & MODEL DATE ON LINE _____ DEALER CoyStar

SUBSCRIBER
 NAME Texas Drs Highway Patrol
 ADDRESS 414 N. Bicentennial STATE TX ZIP CODE 75501
McAllen
 CITY
 TEL. NO. 956 984-5736 S.S. NO. _____
 FAX NO. () _____ TEL# _____

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

LOCATION OF ALARM DEVICES
 Physical Address 2012 S. International City Weslaco State TX Zip _____
 Directions to Subscriber's Location: 2 miles S on FM 1015 from Exp. 83 Building West side of Road

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

LOCAL AUTHORITIES TO BE NOTIFIED
 CODE AUTHORITY NAME TELEPHONE NUMBER
 _____ Local Police Department _____
 _____ Local Fire Department _____
 _____ Other _____
 _____ Other _____

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ACCEPTED: _____
 By _____ Title _____
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