

# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 1063 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Deysma

NAME OF SUBSCRIBER Texas OPS Highway Patrol  
 ADDRESS 444 N. B. Central CITY Weslaco STATE TX ZIP CODE 78590  
 CITY Weslaco STATE TX ZIP CODE 78590  
 TEL NO. ( ) ( ) ( ) ( ) ( ) ( )  
 FAX NO. ( ) ( ) ( ) ( ) ( ) ( ) S.S. NO. \_\_\_\_\_  
 TOLL # \_\_\_\_\_

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

Physical Address 2812 S. International LOCATION OF ALARM DEVICES \_\_\_\_\_ City Weslaco State TX Zip 78596  
 Directions to Subscriber's Location: \_\_\_\_\_

CONDITIONS MONITORED \_\_\_\_\_  
 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 YES | NO | ADDIBLE YES | NO | ALARM CODE | ALARM ZONE | CONDITION | COMMENTS / AREA PREMISES INSTRUCTIONS | VERIFY YES | NO | ADDIBLE YES | NO |
|------------|------------|-----------|---------------------------------------|------------|----|-------------|----|------------|------------|-----------|---------------------------------------|------------|----|-------------|----|
|            |            |           |                                       |            |    |             |    |            |            |           |                                       |            |    |             |    |
|            |            |           |                                       |            |    |             |    |            |            |           |                                       |            |    |             |    |
|            |            |           |                                       |            |    |             |    |            |            |           |                                       |            |    |             |    |
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|            |            |           |                                       |            |    |             |    |            |            |           |                                       |            |    |             |    |
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|            |            |           |                                       |            |    |             |    |            |            |           |                                       |            |    |             |    |
|            |            |           |                                       |            |    |             |    |            |            |           |                                       |            |    |             |    |
|            |            |           |                                       |            |    |             |    |            |            |           |                                       |            |    |             |    |

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

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           |     |      |       |      |        |      |      |

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

INITIAL TERM: 1 Year(s) FEES • TERMS • PAYMENTS  
 Annual Fee \$ 120.00 + tax + tax  
 No. of payments equal payments of \$ 10.00, each payable Monthly on the 1 day of Jan Feb March, beginning Jan 1, 11, 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 Typed by \_\_\_\_\_ Checked by \_\_\_\_\_

SIGNATURE OF SUBSCRIBER Don Ramon Garcia DATE Jan 11  
 SIGNATURE OF SUPERVISOR Don Ramon Garcia DATE Jan 11

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 \_\_\_\_\_

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