

INVOICE



12301 Kiln Ct. Ste A
Beltsville, MD 20705
877-227-3274

Return Service Requested

Account Number: 4716437
Invoice Number: 22192936
Invoice Date: 05/01/2013
Due Date: 05/31/2013
Amount Due: 773.75
Amount Enclosed: \$ _____

Please write your account number on your check. Use the enclosed envelope and make checks payable to:

Please check here if you have provided updated address or payment information on the reverse side.

4743000068 PRESORT 68 1 AV 0.360 P1C1



WAREHOUSE
HIDALGO COUNTY PCT 1
1902 JOE STEPHENS AVE
WESLACO TX 78596-3700

ASG Security
PO Box 650837
Dallas, TX 75265-0837



0000000000 000000047164371 0022192936 00000000077375 3

To ensure proper credit, please return this portion with your payment.



314 Ash Avenue
McAllen, TX 78501

Mailing Address: Hidalgo County Pct 1
1902 Joe Stephens Ave
Weslaco, TX 78596

Account Information

Account Number: 4716437
Invoice Number: 22192936
Invoice Date: 05/01/2013

Summary Of Charges

Previous account balance as of 05/01/13 747.25

| Description | Qty | Unit Price | Amount |
|---|-----|------------|--------|
| Remember to test your system monthly. PO# 673590 | | | |
| Hidalgo Co. Pct #1 1902 Joe Stephens Avenue | | | 26.50 |
| Security Monitoring 06/01/13 - 06/30/13 | | | 26.50 |
| Current Charges | | | \$0.00 |
| Payments Applied | | | 773.75 |
| Total Amount Due | | | |

Important Messages



Home Video Surveillance Special

For a limited time, **save 50%** on the price of up to two (2) HD wireless surveillance cameras with night vision and remote viewing access.

Watch live video on your smart phone, tablet or computer. View recorded clips to see what you've been missing. Schedule motion-activated recordings and automatically receive instant email or text alerts on your mobile device.

For details, contact us at **866.705.4274** or sales@asgsecurity.com

PCT. # 1
ROAD & BRIDGE

3 -120-431-00-121-005-0-413

| CURRENT | OVER 30 DAYS | OVER 60 DAYS | OVER 90 DAYS |
|---------|--------------|--------------|--------------|
| \$26.50 | \$667.75 | \$26.50 | \$53.00 |

INVOICE RECEIVED BY
Maria J. Lopez on *6/4/13*
GOODS/SERVICES RECEIVED BY:
Liam Hernandez *6/1/13-6/30/13*

Have you moved or changed your phone number? Moved Phone Number

Please provide your new address or telephone number and return this portion with your payment. Your records will be updated on request. This will update your account information only. To update your emergency call list please fax information to: 301-210-2837.

Effective Date: _____ Account Name: _____
 New Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone Number: _____
 Work Number: _____ Signature: _____


We accept the following credit cards for payment: DISCOVER VISA MasterCard AMERICAN EXPRESS

Please choose one: Monthly Recurring One-Time only
 Card Number: _____ Expiration Date: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Amount Authorized (for one time only): \$ _____ Signature: _____

Automatic Withdrawal from Checking (IMPORTANT: Please enclose a copy of a voided check.)

Please use automatic withdrawal from checking for all future charges Please use automatic withdrawal from checking this time only
 Amount Authorized \$ _____ Signature: _____

How To Read Your Invoice



12301 Kiin Ct. Ste A
Beltsville, MD 20705
877-227-3274


Return Service Requested

INVOICE

| | |
|-------------------|------------|
| 1 Account Number: | 1234567 |
| 2 Invoice Number: | 12345678 |
| 3 Invoice Date: | 05/01/2011 |
| 4 Due Date: | 05/31/2011 |
| 5 Amount Due: | \$ 35.72 |
| Amount Enclosed: | \$ _____ |

Please write your account number on your check. Use the enclosed envelope and make checks payable to:

ASG Security
PO Box 41425
Philadelphia, PA 19101-1425




6 Please check here if you have provided updated address or payment information on the reverse side.

BILL SAMPLE
123 MAIN STREET
ANYTOWN, USA 12345-6789

0000000000 000000012345678 0012345678 00000000003572 2

To ensure proper credit, please return this portion with your payment.



875 W Sandy Lake Road, Ste 400
Coppell TX, 75019
469-528-8500

Mailing Address: Bill Sample
123 Main Street
Anytown, USA 12345-6789

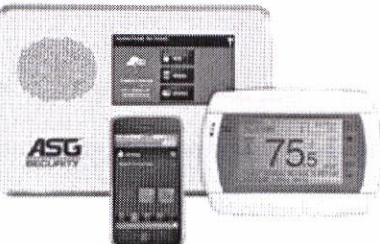
Account Information

| | |
|-----------------|------------|
| Account Number: | 1234567 |
| Invoice Number: | 12345678 |
| Invoice Date: | 05/01/2011 |

9 Summary Of Charges

| Description | Qty | Unit Price | Amount |
|--|-----|------------|--------------|
| Remember to test your system monthly. | | | |
| Bill Sample 123 Main Street | | | |
| Alarm Monitoring Services 06/01/11 - 06/30/11 | | | 22.00 |
| Maintenance Services 06/01/11 - 06/30/11 | | | 11.00 |
| Sales Tax | | | 2.72 |
| Current Charges | | | 35.72 |
| Payments | | | \$0.00 |
| Total Amount Due | | | 35.72 |

Important Messages



Offering affordable technology
you never thought possible

www.asgsecurity.com
877.227.3274

- 1 **Account Number** – Your customer number. It will be helpful to have this number when calling customer service.
- 2 **Invoice Number** – This is the number that is assigned to a specific bill. Payments are applied to the oldest invoice unless a remittance coupon or invoice number are provided with your payment.
- 3 **Due Date** – Bill must be paid before the Due Date to avoid a late fee.
- 4 **Amount Due** – Charges that require payment prior to the due date.
- 5 **Amount Enclosed** – Please indicate the payment amount included with your remittance.
- 6 **Check Box** – If you have written anything on the front or back of the remittance stub that requires our attention, please be sure to check the box.
- 7 **Remit Address** – Please mail payment to this address.
- 8 **Important Messages** – Watch this space for important information concerning your account.
- 9 **Summary of Charges** – Information pertaining to services provided.