

# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER \_\_\_\_\_ COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Superior Flore

**SUBSCRIBER**

NAME Hidalgo County WIC

ADDRESS 3105 W. University STREET Edinburg STATE TX ZIP CODE 78539

CITY \_\_\_\_\_

TEL. NO. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

FAX NO. ( ) \_\_\_\_\_ S. S. NO. \_\_\_\_\_

TDL# \_\_\_\_\_ Email \_\_\_\_\_

**COMPANY**

## Superior Alarms

600 Ash Avenue, McAllen, TX 78501  
Ph. (956) 682-6005  
FAX (956) 213-1179

**LOCATION OF ALARM DEVICES**

Physical Address 3105 E. Richardson City Edinburg State TX Zip 78539

Directions to Subscriber's Location: \_\_\_\_\_

**CONDITIONS MONITORED**

Fire  Hold-up  Burglar  Panic  Low Battery  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		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		( ) _____
	Local Fire Department	<u>Edinburg F.D.</u>	( ) _____
	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: 3 Year(s) Annual Fee \$ 300<sup>00</sup> + tax

6 No. of payments equal payments of \$ 150<sup>00</sup>, each payable semi on the 1st day of Jan & June, beginning Jan 1, 2019, and continuing regularly and semi 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**

X \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF SUBSCRIBER

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      REV. A

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

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