



**SAFE GUARD FIRE**  
 12005 N. BRYAN RD  
 MISSION, TEXAS 78573  
 V: (956) 618-SAFE | F: (956) 686-0422  
 E: [info@safeguardrgv.com](mailto:info@safeguardrgv.com)  
 ACR-1918136

THIS COMMERCIAL AGREEMENT made this 10 day of December 2019, by and between **SAFE GUARD FIRE** hereinafter called "Company," and Hidalgo County hereinafter called "Subscriber," located at

Number Street City State Zip

WITNESSETH: that for the considerations and covenants hereinafter specified below, on the reverse side hereof, and on Riders hereto, parties do, for themselves, their successors and assigns mutually agree:

(A) **INSTALLATION:** Safe Guard Fire, agrees to install or cause to be installed and service, the equipment hereinafter sometimes referred to as "system", set forth below in the Schedule of Equipment as requested by above subscriber for the following premises:  Same as Above

**Hidalgo Cty Precint 2 Bldg B&C (Health & WIC Bldg)**

**300 West Hall Acres Rd** **Pharr** **TX** **78577**  
Number Street City State Zip

**CONDITIONS MONITORED:** (Check all services that apply; pricing listed is represented in monthly charges)

- |   |                 |   |          |
|---|-----------------|---|----------|
| <input type="checkbox"/> Burglar Alarm Off-Premises Monitoring                          | \$ _____        | <input type="checkbox"/> Local Burglar Alarm                          | \$ _____ |
| <input checked="" type="checkbox"/> Fire Alarm Off-Premises Monitoring (of local alarm) | \$ <u>37.00</u> | <input type="checkbox"/> Local Fire Alarm                             | \$ _____ |
| <input type="checkbox"/> Hold-up Alarm Off-Premises Monitoring                          | \$ _____        | <input type="checkbox"/> Burglar Alarm Maintenance                    | \$ _____ |
| <input type="checkbox"/> Elevator Monitoring  | \$ _____        | <input type="checkbox"/> Fire Alarm Maintenance                       | \$ _____ |
| <input checked="" type="checkbox"/> Cellular/Radio Telemetry                            | \$ <u>Inc</u>   | <input type="checkbox"/> Video Surveillance System Maintenance        | \$ _____ |
| <input type="checkbox"/> Sprinkler Test & Inspection                                    | \$ _____        | <input type="checkbox"/> Access Control Maintenance                   | \$ _____ |
| <input type="checkbox"/> Fire Alarm Inspection (Billed upon Inspection)                 | \$ _____        | <input type="checkbox"/> FA Sensitivity Test (Billed upon Inspection) | \$ _____ |
| <input type="checkbox"/> Digital Dialer Communicator                                    | \$ _____        | <input type="checkbox"/> Other  | \$ _____ |

Non-Open/Close Reporting  Non-Supervised Open/Close Reporting  Close Supervised Reporting  Open/Close Supervised Reporting  
 (Check one)  
 Est. Install Date: \_\_\_\_\_ Est. Inst. Time: \_\_\_\_\_ Est. Arrival Time: \_\_\_\_\_

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(B) SYSTEM/EQUIPMENT PURCHASE:**

Subscriber total equipment purchase inclusive of installation is \$ \_\_\_\_\_ dollars plus applicable tax (if any) and agreed to the following payment terms: Deposit of \$ \_\_\_\_\_ dollars; \$ \_\_\_\_\_ dollars upon equipment delivery; \$ \_\_\_\_\_ upon completion.

NOTES: \_\_\_\_\_

**(C) TERM AND PAYMENT:**

- The initial term of this Agreement is for 37 months year(s) from the date service is operative under this agreement (See section III).
- The total sum of this contract (on a yearly basis) is for \$ One thousand three hundred sixty nine / 00 dollars (\$ 1,369.00).
- Subscribers initial deposit is the sum of \$ \_\_\_\_\_ dollars (minimum monthly fee for each service requested)
- Subscriber shall pay: The sum of \$ 444.00 / 37.00 dollars;  monthly,  quarterly,  semiannually or  annually in advance, due on the first day of each period, during the term of this Agreement, subject to the other terms and conditions of this Agreement, including but not limited to, those of on the reverse side hereof (See section III).
- Such amounts plus applicable sales tax (if any), are to be paid to **SAFE GUARD FIRE** and remit to the address listed above.

**SUBSCRIBER PASSWORD/PASSCODE** (Limited to 15 characters)  
 \_\_\_\_\_

**AUTHORIZED INDIVIDUALS TO BE NOTIFIED**  
 (Please list in order of priority, information of individual to be notified in the event of an alarm condition)

| NAME | PRIMARY PHONE # | ALTERNATE PHONE # | PASSWORD/PASSCODE |
|------|-----------------|-------------------|-------------------|
|      |                 |                   |                   |
|      |                 |                   |                   |
|      |                 |                   |                   |
|      |                 |                   |                   |

**(D) RECEIPT OF COPY/ACKNOWLEDGEMENT:**

Subscriber acknowledges that subscriber has chosen the services and equipment/system, that the degree of detection is increased by the use of additional equipment. Additional equipment, protection and services can be provided at an additional cost if the subscriber desires and so notifies the company. Subscriber acknowledges receipt of copy of this Agreement, and notification of required permit (if any) needed (See section IV). This Agreement is binding on company only if approved and signed by an authorized officer of Company; In the event of failure of approval, the sole liability of Company shall be to refund to Subscriber the amount that has been paid to Company upon the signing of this Agreement. The terms and conditions contained on the reverse side of this Agreement are incorporated herein and by reference are made a part hereof. Company shall have the right but not the obligation, of collecting and/or reporting to one or more credit reporting agencies relevant information pursuant to this Agreement.

Company Authorized Officer  
**Obed Trevino**  
 \_\_\_\_\_  
 (Print)  
 \_\_\_\_\_  
 (Signature) 12/10/2019  
 (Date)

Subscriber Authorized Officer  
 \_\_\_\_\_  
 (Print)  
 \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 (Date)