



# ALARM SYSTEM MONITORING AGREEMENT

COMPANY NAME	DEALER NUMBER

LINE CARD		ACCOUNT NUMBER	
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SUBSCRIBER NAME		PRIMARY CONTACT NUMBER
ADDRESS		SECONDARY CONTACT NUMBER
CITY	STATE	ZIP

[illegible]

PIN (Personal Identification Number)					EQUIPMENT TYPE	SIGNAL FORMAT	TEST SCHEDULE	OPEN/CLOSE

	LIST OF AUTHORITIES	TELEPHONE NUMBER	PERMIT NUMBER
1	POLICE		
2	FIRE		
3	EMS		
4	OTHER		

	PARTIES TO BE NOTIFIED	PIN					TELEPHONE NUMBER
1							
2							
3							
4							
5							

[illegible]

BY SIGNING THIS MONITORING AGREEMENT, SUBSCRIBER ACKNOWLEDGES THAT THEY HAVE READ THE TERMS CONTAINED ON THE REVERSE SIDE AND THAT SUCH TERMS ARE A MATERIAL PART OF THIS AGREEMENT AND AGREES TO THE TERMS AND CONDITIONS AS SET FORTH. SECTIONS 4, 7, 8 AND 9 LIMIT OUR LIABILITY TO \$500 IF YOU OR ANYONE ELSE SUFFERS ANY HARM (DAMAGES OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH) BECAUSE THE SYSTEM FAILED TO OPERATE PROPERLY OR WE WERE NEGLIGENT OR ACTED IMPROPERLY.

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 SUBSCRIBER SIGNATURE                      SUBSCRIBER NAME PRINTED                      DATE

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 DEALER SIGNATURE                      DEALER NAME PRINTED                      APPROVED BY SENTRYNET

MONITORING SERVICE WILL NOT BEGIN UNTIL SENTRYNET HAS RECEIVED A FULLY EXECUTED COPY OF THIS AGREEMENT, VALID TEST SIGNALS FROM THE SYSTEM AND ANY REQUIRED LICENSING INFORMATION.