



# SUBSCRIBER RECORD

Please Print or Type

\* You can E-Mail or Fax this form to us at 11680 S. Harrell's Ferry, Baton Rouge, LA 70816 Fax # 225-292-9292  
\*\*\*\*\* Iroshto@allied-systems.com\*\*\*\*\*

For Office Use Only

Business Name: \_\_\_\_\_ Premise Phone # \_\_\_\_\_

Business Location: \_\_\_\_\_ E-mail address \_\_\_\_\_

Bill To Address: \_\_\_\_\_

Purchase Order Required? Yes \_\_\_\_\_ No \_\_\_\_\_  
This Business is A: ( ) Proprietorship ( ) Partnership ( ) Corporation ( ) Municipality

Officer, Partner, or Owner: \_\_\_\_\_ Title \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Bank Reference: Name \_\_\_\_\_ Address: \_\_\_\_\_ Account # \_\_\_\_\_

Business References: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- 1. When an alarm (other than a panic or duress) occurs, do you want the PREMISE CALLED FIRST?  Yes  No  Yes  No
- 2. Do you have an Answering Machine on your phone?  Yes  No  Yes  No
- 3. Do you have Call Waiting?  Yes  No
- 4. Do you have Call Forwarding?  Yes  No

**RESPONDER CALL LIST** We will mail them an instruction/Thank You letter. Please include applicable pagers, cell phones, work phones, etc.

List in exact order you want them called	Title/ Extension	(Area Code) Phone Number	Password
1. Name:	( )	( )	
2. Name:	( )	( )	
3. Name:	( )	( )	
4. Name:	( )	( )	
5. Name:	( )	( )	
6. Name:	( )	( )	

**Password** \_\_\_\_\_ (code you will give to Monitoring Station when you test your system or when there is a False Alarm)

We do not want your arming/disarming code. Generally you will give your arming/disarming code only to persons who have a key to your house. You may also choose for them to have you PASSCODE or PASSWORD.

The above information is current as of \_\_\_\_\_ . I understand that any future changes to my Call List MUST BE IN WRITING. (Date)

Signed \_\_\_\_\_ (Person authorized to make changes to call list) Print Name \_\_\_\_\_