

Date

Security Services Contract

Alarm Center Account # Date Monitoring Begins Customer Information PO Box 137 Floyd, VA 24091 540-745-2111 Name: _____ Premise Phone # Address: DCJS License # 11-7679 Residential ____ Commercial ____ City: _____ State: ____ Zip: _____ Services Provided Billina **Electronic Monitoring Services: Contract Term:** _____ 1-Year _____ 2 -Year _____ 3-Year System Type: __ _____ Burglary _____ Smoke Detection ____ Carbon Monoxide **Monthly Charges: Installation Charges:** Monthly Fee: Equipment: You acknowledge that: 1) We have explained to you the equipment and services available; 2) You may obtain additional Additional Installation: equipment and services over those described above at an Monthly additional cost to you; 3) You have selected and contracted for Sales Tax: Charges: only the equipment and services described in this contract; 4) You have been informed that you should manually test your system Total Charges _____ Total and all equipment weekly. 5) You understand that we are not a security consultant. Installation: Customer Initials: Date: Passcode: Additional Equipment **Zones and Descriptions** Zone. Description Description Description Zone Price **Dispatch Information** Police (____)_____ Fire (____)____ Medical (_____)____ County _____ County County ___ **Call List For Alarms** (List in order you wish numbers to be called) Name **Phone Number** Name **Phone Number** 1) 2) 5) 3) 6) You acknowledge that you have read this page in addition to the attachment which contains terms and conditions for this contract before signing. You state that you understand all the terms and conditions of this contract, including, but not limited to, paragraphs 5, 6, 7, 8, 9, and 10. You are aware of the following: no alarm system can guarantee prevention of loss; human error is always possible; alarm signals may not be received if the telephone line or other alarm transmission system is cut, disconnected, interfered with, or otherwise damaged. **Customer Signature** Citizens Telephone Security Representative

Date