C.M.S. Monitoring Inc.

ALARM MONITORING AGREEMENT

2211 Route 112 • Medford, N.Y. 11763
(631) 289-2800 Fax (631) 289-2496
www.cmsmonitoring.com

DATE

DEALER No. 420

SUBSCRIBER

Name

Address

City State Zip

CROSS STREET or NEAREST INTERSECTION

Tel. No. (____)

INSTALLER

Name All Secure Security Systems llc

Address P.O. box 103

City Tallman State NY Zip 10982

Tel. No. (845) 504 5621

Fax No. (____)

Approved Installing Alarm Company

By Title

RECEIVER - LINE - ACCOUNT #

Code Word

Panel Type

Account Type

Permit No.

Duress Word

Radio or Digital

Receiver Phone #

ALARM CONDITIONS

CODE #	CONDITION	ZONE IDENTIFICATION

DESIGNATED CALL LIST

NAME	AREA CODE	TELEPHONE NO.

Special Instructions:

PLEASE NOTE THAT ANY CHANGES OR CORRECTIONS MUST BE MADE IN WRITING TO C.M.S. MONITORNG.

SEE REVERSE SIDE FOR TERMS AND CONDITIONS OF THIS AGREEMENT WHICH ARE PART OF THIS CONTRACT. READ THEM BEFORE YOU SIGN THIS CONTRACT.

Subscriber and installer have reviewed and approved the information set forth above.
Subject to terms and conditions of this agreement (including those on the reverse side.)

Checked: Central Office

By: **Date:**

Approved: Central Office

By: **Title:**

Date: **20**

Approved Subscriber Title (if applicable)

ATTENTION INSTALLER Is this account being transferred from another central station?

Yes[ ] No [ ] If 'Yes' what central did it come from? [ ]