



CUSTOMER INFORMATION FORM New Change Cancel Reinstall

Installer's Name:		Installer's Code/Dealer Number:		Install Date:	
Account Name:		Account Number:		Format: Contact ID <input type="checkbox"/> 4/2 <input type="checkbox"/> SIA <input type="checkbox"/> ITI <input type="checkbox"/>	
Premises Address:		Premise Phone Number:		Radionics BFSK <input type="checkbox"/> Modem II <input type="checkbox"/> DMP/DD <input type="checkbox"/>	
City:		State:	Zip:	Two-Way Voice <input type="checkbox"/> Other <input type="checkbox"/>	
Activity Report To Customer: Please indicate delivery choice and complete appropriate selection. (Additional charges may apply.) Emailed <input type="checkbox"/> Mailed <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Open/Close <input type="checkbox"/> All Activity <input type="checkbox"/>		Web Access: Customer s will have web access as soon as the account info is entered. Their account number will be the user name and their account password will be the web access password. Customer portal: https://portal.agmonitoring.com/stagecustomer/ (Customers are set up for restricted web access)		Equipment Type: _____ _____ Residential <input type="checkbox"/> Commercial <input type="checkbox"/>	
Email Address: _____ Mailing address: _____		Auto Notify (text or email): Please fill out with email/cell phone number and indicate what signals they should be notified on. (Standard text messages will apply to the customer) Cell/Email: _____ Open/Close <input type="checkbox"/> (panel must be set up for open/close) All Activity <input type="checkbox"/> Alarms Only <input type="checkbox"/> Troubles Only <input type="checkbox"/>		Account Cancellation/Reinstall: (Must include date and requested by for account to be canceled or reinstated.) Cancel Acct. <input type="checkbox"/> Date: _____ Reinstall Acct. <input type="checkbox"/> Date: _____ Requested By: _____	

Special Instructions/Comments:	Timer Test: <input type="checkbox"/> None <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Additional charges may apply.)
---------------------------------------	---

Open/Close Signals: (If supervised is selected, please attach additional paper with schedule.) (Additional charges may apply.) Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/>	Time Zone: Pacific <input type="checkbox"/> Mountain <input type="checkbox"/> Central <input type="checkbox"/> Eastern <input type="checkbox"/> Arizona <input type="checkbox"/>
---	---

	Phone #	Permit #	Contacts Name	Individual Pass Code/Web Access Codes	Phone	ECV
C A L L I S T	Police		1.			<input type="checkbox"/>
	Fire		2.			<input type="checkbox"/>
	Medical		3.			<input type="checkbox"/>
	Guard Service		4.			<input type="checkbox"/>

General/Web access Password:	Duress Code:
-------------------------------------	---------------------

Per NFPA code 72, all commercial fire accounts must be entered as no verify unless written authorization is received from the fire marshal of the authority having jurisdiction. Backups must be provided for commercial fire accounts.

	Zone #	Zone Description	Zone #	Zone Description

(Must sign and return to AvantGuard Monitoring. Fax 1-800-417-1216 or email to data@agmonitoring.com) (For additional zoning, please attach sheet of paper.)

Customer (printed) <div style="background-color:yellow; padding:5px; display:inline-block; font-weight:bold;">X</div>	Authorized Alarm Company Representative (printed) <div style="background-color:yellow; padding:5px; display:inline-block; font-weight:bold;">X</div>
Customer Signature	Authorized Alarm Company Representative Signature