

# New Customer Information

Signal Number  —

SUB ACCOUNT

Date  Dealer No.  Dealer

Name  Verification Phone

Address  Verification Phone

City/State/Zip

Cross St./Nearest Intersection  Municipality (Borough/County, Township, etc.)

Time Zone  P  M  C  E Passcode

Location Type (choose one)  RESIDENTIAL  COMMERCIAL  ELEVATOR Phone (  )

**CONTACT LIST** (More Contacts? Please use the Additional Customer Information Form)

**1** Name   
 User Passcode   
 Cell Phone   
 Other Phone

**2** Name   
 User Passcode   
 Cell Phone   
 Other Phone

**3** Name   
 User Passcode   
 Cell Phone   
 Other Phone

**4** Name   
 User Passcode   
 Cell Phone   
 Other Phone

**SERVICES**

Test Timer  DAILY  WEEKLY  MONTHLY  NONE Test Timer Zone/Event:

Test Timer Not Received Notifications (check all that apply)  NONE  DEALER EMAIL  CONTACT LIST  VERIFICATION PHONE NUMBERS

**SYSTEM INFORMATION**

Communicator Make/Model

Communicator connected to: Phone #1  Phone #2

Installation Type (check all that apply)  BURGLARY  FIRE  MEDICAL ALERT  HOLD-UP  ENVIRONMENTAL  VIDEO  ACCESS  OTHER:

Transmission Technology (check all that apply)  DIGITAL  CELLULAR  INTERNET  RADIO NETWORK Service Provider:  Plan:

**ZONES** (More zones? Please use the Additional Customer Information Form)

Alarm Format  4/2  CID  SIA  RADIONICS  OTHER:  CUSTOM TEMPLATE ID

ZONE/CODE	DESCRIPTION	VERIFY		AGENCY (P) (F) (M) (O)	NOTIFY CONTACT LIST		EMAIL DEALER	
		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
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		<input type="checkbox"/> Y	<input type="checkbox"/> N		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

NOTES:

Enter live at: **portal.affiliated.com**  
 Email to: **updates@affiliated.com**  
 FAX to: **800.323.2987**  
 Call Dealer Services: **800.523.4900**

Check if Used:  
 **Additional Customer Information Form**  
 **Open/Close Service Form**