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ORDER FORM FOR NEW FIRE ALARM ACCOUNT

Please provide the following information when setting up a new Fire account.

PROPERTY INFORMATION:

Name: _____
Address: _____
Tel: _____ Fax: _____ Email: _____

OWNERS INFORMATION: (For annual monitoring billing)

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____ Email: _____

INSTALLERS INFORMATION:

Name _____
Address: _____ City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____ Email: _____
Pass Code for identification with Central Station: _____



Fire Alarm Panel Manufacturer _____ Model # _____

Estimated date for Radio Installation _____

Telephone Number connected to Fire Alarm Panel:

Line 1: _____ Line 2: _____

CALL LIST OF RESPONDING PEOPLE AFTER FIRE DEPARTMENT DISPATCH:

- | | | |
|----------|------------|------------------|
| 1. _____ | TEL: _____ | PASS CODE: _____ |
| 2. _____ | TEL: _____ | PASS CODE: _____ |
| 3. _____ | TEL: _____ | PASS CODE: _____ |
| 4. _____ | TEL: _____ | PASS CODE: _____ |
| 5. _____ | TEL: _____ | PASS CODE: _____ |

PLEASE ATTACH A COMPLETE LISTING OF ALL REPORTING CODES AND DESCRIPTIONS FOR EACH ZONE PROGRAMMED. Program for CONTACT ID reporting.

BE SURE ONLY 1 TEST SIGNAL IS PROGRAMMED TO REPORT DAILY!
Additional daily test signals will be billed an additional monthly monitoring fee.

Once all the information has been received, Custom Security will provide the following information:

Digital Account Number: _____
Main Telephone Number: _____
Backup Telephone Number: _____