

COM-LINQ CENTRAL STATION
A Division of Guard Tronic, Inc.

Alarm Monitoring Service Agreement

Customer Name:	Primary Phone	Alternate Phone:
Monitoring Address:	Billing Address:	
City/State/Zip	City/State/Zip	
Type of Facility:	Monitoring Begins:	Type of Control:
Dealer Name:	Dealer #:	Communicator Format
Account Number:	Passcode:	Business Type:

Zone #	Code	Description	Hours of Operation	
			Open	Close
			Sun	
			Mon	
			Tues	
			Wed	
			Thur	
			Fri	
			Sat	
			Holidays:	
			Op/Cl Reports sent to:	

	Police / Sheriff's	Fire Department	E.M.S.
Name:			
Phone:			
Alt Phone:			

Contacts:	Phone:	Comments:(Home/Work/Cell/Passcodes)

Instructions / Information:
