

Audio Video Security Systems Inc

5112 77th Place NE Suite 200

Marysville WA 98270

CS#: _____

NEW ACCOUNT SET-UP FORM

Date: / /

Name: _____

Dealer: _____

Address: _____

Signature: _____

Premise #1: () _____

City/State/Zip: _____

Premise #2:() _____

Residential Commercial Password(s) _____ & _____

Panel Type/Format: _____ Template: _____

Scan Alert Accounts: Scanner#: _____ Port#: _____

Scan Phone#: () _____ or Alarm Line #: _____

Emergency Numbers:

PD Dispatch Agency Name: _____ Phone#: () _____

FD Dispatch Agency Name: _____ Phone #: () _____

Emergency Contract Information:

Name:	Phone#:	PA/User#:
1. _____	() _____	_____
2. _____	() _____	_____
3. _____	() _____	_____
4. _____	() _____	_____
5. _____	() _____	_____
6. _____	() _____	_____
7. _____	() _____	_____
8. _____	() _____	_____

Comments:

Entered:

Verified:

Concerns:

''

Page _____ of _____

Name: _____

CS#: _____

Code:	Description:	Location:
Audible:	Response:	
Code:	Description:	Location:
Audible:	Response:	
Code:	Description:	Location:
Audible:	Response:	
Code:	Description:	Location:
Audible:	Response:	
Code:	Description:	Location:
Audible:	Response:	
Code:	Description:	Location:
Audible:	Response:	
Code:	Description:	Location:
Audible:	Response:	
Code:	Description:	Location:
Audible:	Response:	
Code:	Description:	Location:
Audible:	Response:	

Account to be activated upon data entry completion.

Place account on test until: Date: _____ Time: _____

All Signals.

List: _____

Page _____ of _____