



CONTRACT DATE DATE DATE CUSTOMER CUSTOMER

Section 2. Services to be Provide		/ [[]]/ [[]]- ACCOUNT NO []]	
Alarm Monitoring and Notification Services	Monthly Service Charge		Monthly Service Cha
● Brunglany (BA) Wice SS	\$ 4700	On Site Services	
○ Fire	\$	○ Guard Response	\$
○ ADT Pulse® Interactive Solution Services	\$	Other Hosting	\$ 3000
○ Hold-up (HUA)	\$	Total Monthly Service Charge	1. 10-
○ Duress	\$	O UL Certification	Initial Fee
○ Critical Condition Monitoring (CCM) ○ Flood ○ Temperature	\$	○ Annual UL Certificate Fee	\$
O Parallel Protection O BA Cellular Backup	4	○ ADT to obtain Electrical Permit	
O BA UL Certification O Fire Cellular Backup	\$		\$
○ Fire IP Communicator		Municipal Electrical Permit Customer to obtain and pay for initial/annual municipal alar	\$ m use permit. Failure to
Open/Close Login	\$	Customer to obtain and pay for initial/annual municipal alar obtain and provide ADT with the municipal alarm use permi result in no municipal fire/police response to an alarm from	t registration number cou the premises and/or a fin
○ Supervised Scheduled Open/Close	\$	Admin Fee	\$
Other Services		O Other	\$
Quality Service Plan (QSP)	\$ 2800	Installation Price \$ 289500	
If Quality Service Plan (QSP) is Declined		Taxable Amount (Leave blank if ADT-Owned)	\$
Customer must Initial here		Non-Taxable Amount (Leave blank if ADT-Owned)	\$
Preventative Maintenance/Inspections Per Year	+	Connection/Activation Fee	\$
1 02 03 04 06 012	\$	Sales Tax on Installation*	\$
○ Training	\$	Total Installation Charge*	\$
Monthly Recurring Municipal Fee (Subject to change based on local law)	\$	Trip Charge Received	\$
Customer to obtain and pay for municipal alarm use permit		Deposit Received: O Money Order O Check O Credit/Debit Card	\$
If applicable sales tax not shown, it will be added to if not collected at the time of installation.	the first invoice,	Balance Due	\$
Section 3. Equipment to be Insta	lled		₹ ₹ ~!~//,
Quantity Device	e Description	Device Location	on
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	WWW.databalana and a transfer of the same and a state		
		120	
		Estimated Installation Start Date $^{ m M}$	





CONTRACT 0 4 CUSTOMER ACCOUNT NO Section 4. Billing CCA Check eck received for: Installation: Confirmati Check O Annual Service Charges Collected: Check # Amount Confirmation # By my signature on Page 1 of this Contract, I authorize ADT to withdraw from my bank account and/or charge my credit/debit card for all Service Charges and Contract Termination Charges (see Paragraph C.2. Term and Payments of this Contract) as set forth below: ○ Annually ○ Semi-Annually ○ Quarterly ○ Other Insta Only If no billing period oval is filled above, my recurring service charges will be charged quarterly. O All/R O Annı Choose one: O Checking O Savings If no bil Name of Bank/Credit Union charges O VISA Credit/C ABA Routing Number Bank Account Number 436 Recurring Service Charge Amount as set forth in Section 2, plus tax. Recurrii Name as it appears on bank account Cardho MIC I authorize ADT to withdraw the amounts in this section from my bank account or credit card through a the termination date of this Contract or until I cancel the Contract, whichever occurs first. I may revok n effect until the termination date of this Contract or until I cancel the Contract, whichever occurs inst. I may revok
least 10 business days before the scheduled debit or charge. I agree to notify ADT of any other chang
least 10 business days before the scheduled debit or charge. I agree to notify ADT of any other chang
date or amount of the withdrawal changes, or if Contract Termination Charges apply, ADT will notify in
date falls on
a weekend or holiday, payment may be executed on the next business day. Because this is an electroni
in that as early
as the transaction date. If an ACH transaction is rejected for non-sufficient funds (NSF), ADT may attempt to process the charge again writing to udays, and of the contract with my credit card company or bank, so long as the amount corresponds to the terms indicated in this Contract. company at ○ To send me a bill: ○ Annually ○ Semi-Annually ◎ Quarterly ○ Other DOA Approval If no oval is filled, ADT will send bill quarterly. Section 5. Customer and System Data Consolidated Billing # National National Account Manager ID Company Name Cross Street Municipality Police Name Municipality Fire Name Job Type O New Sale ○ Changeover O Upgrade O Resale Control Type OHW ORF Resale-Former Acct # Former CS # Resale-Former Acct # Former CS # Section 6. Password AZ TF This password must be issued to all users of the alarm system, including all people listed in Section 7. An optional, secondary password is available upon request: A password must be no less than three (3) and no more than five (5) characters in length and may not contain any punctuation or spaces, offensive language or non-standard spelling. Customer may change passwords and contacts by calling ADT toll-free at 800.238.2727. Section 7. Emergency Contact List These are the individuals who may be called in the event of an alarm. Because they may need to meet the authorities in response to an alarm, I will provide them access to my premises, the password, and the keypad-code. By selecting the "Yes" designation on the right I am identifying which of these individuals may be called prior to notification of the authorities. Customer/Emergency Contact #1 **8回の画の画の画の画の画の画** Print First/Last Name 0202020202 Phone Work Work Work Work Work AS O AS O AS O AS O AS A Customer/Emergency Contact #2 Print First/Last Name

Phone

0

Alternate/Emergency Only Contact Print First/Last Name





CONTRACT 03 74 4 17 ACCOUNT NO

Section 2. Services to be Provided			
Alarm Monitoring and Notification Services Burglary (BA)	Monthly Service Charge	On Site Comition	Monthly Service Charge
	7 35	On Site Services	<i>t</i>
O Fire	\$ 0.00	O Guard Response	t 1/00
ADT Pulse® Interactive Solution Services	4 9.	Other ADI OWNED	\$ 16.00
O Hold-up (HUA)	\$	Total Monthly Service Charge	\$ 5%.
O Duress	\$	OUL Certification	Initial Fee
O Critical Condition Monitoring (CCM) O Flood O Temperature	\$	O Annual UL Certificate Fee	\$
Parallel Protection BA Cellular Backup BA UL Certification		○ ADT to obtain Electrical Permit	\$
O Fire Cellular Backup O Fire IP Communicator	P	Municipal Electrical Permit	\$
○ Open/Close Login	\$	Customer to obtain and pay for initial/annual municipal alam obtain and provide ADT with the municipal alarm use permit result in no municipal fire/police response to an alarm from t	registration number could
○ Supervised Scheduled Open/Close	\$	Admin Fee	\$
Other Services		O Other	\$
Quality Service Plan (QSP)	\$ 8,00	Installation Price \$ 595,00	
O If Quality Service Plan (QSP) is Declined	17. 17.0 - 18.5	Taxable Amount (Leave blank if ADT-Owned)	\$
Customer must initial here AMERICA		Non-Taxable Amount (Leave blank if ADT-Owned)	\$
○ Preventative Maintenance/Inspections Per Year ○ 1 ○ 2 ○ 3 ○ 4 ○ 6 ○ 12	<i>_</i>	Connection/Activation Fee	\$
	\$	Sales Tax on Installation*	\$
○ Training	\$	Total Installation Charge*	\$
O Monthly Recurring Municipal Fee	; • •	Trip Charge Received	\$
(Subject to change based on local law) Customer to obtain and pay for municipal alarm use permit	\$	Deposit Received: ○ Money Order ○ Check <credit card<="" debit="" td=""><td>\$</td></credit>	\$
If applicable sales tax not shown, it will be added to if not collected at the time of installation.	the first invoice,	Balance Due	\$ 277500
Section 3. Equipment to be Instal			
l :	Description	Device Location	on
1 H C DM TANA	VAS POLSE	- GATEWAY	
/ PGZNGI- IADI I HSPM TOONT I 1085-16	Surface Whi	to Magnetic	
	i		
SW 3000 à	contacts / Me	itions	
/			
		•	
		Estimated Installation Start Date	M DD A A A





CONTRACT DATE	CUSTOMER ACCOUNT NO
Section 4. Billing	
CCAS CTITITITIES	d Kalado Check
○ GRange received for: Sinstallation: Grange Installation:	Amount D Confirmation #
O Annual Service Charges Collected: Check#	Amount Confirmation Confirmation
By my signature on Page 1 of this Contract, I authorize ADT to withdraw fro and Contract Termination Charges (see Paragraph C.2. Term and Payments	m my bank account and/or charge my credit/debit card for all Service Charges of this Contract) as set forth below:
○ Annually ○ Semi-Annually ○ Quarterly ○ Other	Sin: nce Only
If no billing period oval is filled above, my recurring service charges will be charged quarterly.	O All
Choose one: O Checking O Savings	If no I
Name of Bank/Credit Union	charg- → VIS
ABA Routing Number Bank Account Number	Credit n Date
ABA Routing Number Bank Account Number	43 ZO
Recurring Service Charge Amount as set forth in Section 2, plus tax.	YY
Name as it appears on bank account	Recurr tax.
	MI
Truthorize ADT to withdraw the amounts in this costing from my host account and the	
I authorize ADT to withdraw the amounts in this section from my bank account or credit card the termination date of this Contract or until I cancel the Contract, whichever occurs first. I	may revok company at
least 10 business days before the scheduled debit or charge. I agree to notify ADT of any o date or amount of the withdrawal changes, or if Contract Termination Charges apply, ADT w	
a weekend or holiday, payment may be executed on the next business day. Because this is a as the transaction date. If an ACH transaction is rejected for non-sufficient funds (NSF), ADT	n electronic nth as early
origination of ACH transactions to my account must comply with the provisions of U.S. law. I with my credit card company or bank, so long as the amount corresponds to the terms indicate the company or bank.	am an authorized user of this bank account or credit card, and I will not dispute the payment
○To send me a bill: ○Annually ○Semi-Annually ◆Quarterly ○Other_	
O 10 seria me a bin. Oximidally Osemi-Annually Oddier_	DOA Approval If no oval is filled, ADT will send bill quarterly.
Control E Company and Employed Date	
Section 5. Customer and System Data	
Section 5. Customer and System Data Consolidated Billing #	National Account #
Consolidated Billing #	National
Consolidated Billing # National Account	National Account #
Consolidated Billing # National Account Manager ID Cross Street Municipality	National Account #
Consolidated Billing # National Account Manager ID Cross Street	National Account #
Consolidated Billing # National Account Manager ID Cross Street Municipality Police Name	National Account #
Consolidated Billing # National Account Manager ID Cross Street Municipality Police Name Job Type O New Sale O Changeover O Upgrade O Resale Resale-Former Acct # Former CS #	National Account #
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Consolidated Billing # National Account Manager ID Cross Street Municipality Police Name Job Type New Sale Changeover Upgrade Resale Resale-Former Acct # Former CS # Resale-Former Acct # Former CS # Section 6. Password This password must be issued to all users of the alarm system, including all people listed in no less than three (3) and no more than five (5) characters in length and may not contain ar passwords and contacts by calling ADT toll-free at 800.238.2727. Section 7. Emergency Contact List These are the individuals who may be called in the event of an alarm. Because they may nee the password, and the keypad code. By selecting the "Yes" designation on the right I am ide	National Account # Ompany Name
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